Instructions for Completion of Application

Read Carefully

* Consult the Health Sciences Centre Foundation General Operating Grant Application Guidelines to determine eligibility and requirements.
* An electronic PDF version of your application must be submitted. Please ensure that the PDF includes all documents in your application (including CVs and approvals). The PDF is circulated to the reviewers and must contain all relevant documents. The electronic version should be forwarded to hgillis@hscfoundation.mb.ca. One hard copy is required; please mail or drop off your hard copies with signatures (electronic signatures acceptable) to Heather Gillis, Fundraising Events & Grants Officer, HSC Foundation, PW112-700 William Ave, Winnipeg MB, R3E 0Z3.
* Name & Mailing Address (Sections 1-2)

Please provide a current departmental address. Please attach a full CV for each Principal Investigator and a CV for each Co-Investigator. Without the CVs, your application will be considered incomplete. Canadian Common CV is preferred.

* Proposal Highlights (Section 6)

It is essential that the HSCF and its donors understand the value of your research proposal. Please describe the project in lay terms; use non-scientific language.

The Foundation has established priorities for this competition (see the application guidelines). Please describe the relationship of your proposal to these priorities, including the link to patient care/patient outcomes.

* Summary of Research Proposal (Section 7)

A summary of the proposal including objective(s) and outline of no more than 450 words (Calibri or Arial font, size 10-11, normal margins) should be typed on this page.

* Research Proposal (Section 8)

The detailed research proposal must not exceed 10 single-spaced typewritten pages (Calibri or Arial font, size 10-11, normal margins) excluding references, figures, appendix, and letters of support.

* Roles (Section 9)

Describe the roles of each investigator and the percentage of time each investigator is expected to contribute to the overall time required to complete the project.

Where collaborators will be included, describe their role and contribution. It is advisable to append letters from major collaborators who are not co-investigators to substantiate their willingness to participate in the project.

* Timeline (Section 10)

General Operating Grants will be awarded by May 2020. The terms of the awards are August 1, 2020 to July 31, 2022. Please indicate the expected timeline for approvals, account set-up, and milestones during the following periods. Please indicate how much of the Principal Investigator(s) and Co-Investigator(s) time are allocated for research and how the project will fit into their schedules.

* Location of Project (Section 11)

Funding is available for research or researchers at HSC. Priority will be given to proposals for research completed exclusively at HSC or affiliated spaces (MS7, JBRC 7 &/or 8 or the Kleysen Institute for Advanced Medicine). The applicant must clearly describe where each phase of the project will take place (subject recruitment, lab, data analysis, evaluation, etc.).

* HSC Account Administrator (Section 12)

Any grant provided by HSCF and administered through HSC Finance must adhere to the HSC Specific Account Policy and Procedure. Name and title of the Account Administrator and Fund Signatories is required for all HSC Finance Accounts.

* Partnership Funding (Section 13)

Applicants are encouraged to use HSC Foundation grants to attract partnership funding from other sources. Please provide related information.

Applicants submitting proposals to both CancerCare Manitoba Research Grants competition & HSC Foundation must declare if the same proposal has been submitted to both organizations. CancerCare Manitoba & HSC Foundation could choose to partner to co-fund the application if applicants demonstrate exceptional scientific merit and meet the funding priorities of both organizations.

* Budget (Section 14)

If concurrently applying for the same project for funding by another granting agency you must use the same budget for your HSCF application as for your other application.

Grants are designed for the support of health research (which may include research personnel, equipment, and other normal direct costs). The Foundation does not support overhead fees through its grants, and funds received are not to be used as salary for the primary or co-investigators, post-doctoral fellows, or as a student stipend. In addition, the Foundation does not support conference or seminar attendance or costs as part of operating grants funding.

* Personal Data (Section 15)

Section 15 is optional and can be used to explain interruptions in your education and/or research career (e.g. leaves, health, family circumstances, non-research positions, etc.).

**General Operating Grant Application Form Checklist**

Please complete this checklist and forward with the original version of your application only.

Number of Application Copies

 One (1) complete hard copy including original signatures

 One (1) electronic copy sent in PDF format by email (including all attachments)

Animal Care Approval  Not needed  Received and attached  Pending

Ethical Approval  Not needed  Received and attached  Pending

HSC Impact Assessment  Not needed  Received and attached  Pending

CVs for Principal Investigator(s) and Co-Investigator(s) Attached (Required)

Application Cover Page  Appropriate boxes checked, page completed and signed by Investigator(s), Department Head, and Director of Research or their designate (electronic signatures acceptable)

Section 6  EASY-TO-UNDERSTAND LAY DESCRIPTION provided using non-scientific language

Section 7  Summary of Research contained in 1 page maximum

Section 8  Background and body of the research proposal is not more than 10 pages, excluding references

Section 9  Investigator/s’ roles clearly explained

Section 10  Clear and realistic timeline

Section 11  Location of each project phase listed

Section 12  HSC Account Administrator identified (for HSC accounts)

Section 13  All funds received or applied for listed

Section 14  Budget figures checked for mathematical accuracy, budget justification provided

Section 15  The Special Circumstances Section is optional and may be used to explain periods of decreased productivity (e.g. leaves, health, family circumstances, non-research positions, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Principal Investigator Signature Date

|  |
| --- |
| 1. Surname, given names of Principal Investigator(s). Please attach full CV for each Principal Investigator. |
| 1. a. Surname, given names of Co-Investigator(s). Please attach CV for each Co-Investigator. |
| 2. Current mailing address of Principal Investigator(s):  Telephone Number: Email Address: |
| 3. Position/Rank, Institution, Faculty, Department: |
| 3.a. Primary Affiliation: |
| 4. Title of Research Project:    New Project: Yes No |
| 5. Synopsis (50 words or less) of proposed research: |
| ACCEPTANCE of a grant or award indicates agreement by the applicant and the institution which employs them to the general conditions as outlined in the Grant Application Guidelines. We, the undersigned, guarantee that, where applicable, the guidelines of the Canadian Council on Animal Care ("Care of Experimental Animals - A Guide for Canada" 315-350 Albert Street, Ottawa, K1R 1B1, www.ccac.ca) will be followed; the CIHR guidelines for handling recombinant DNA molecules and animal viruses and cells will be adhered to and, if the project involves human and/or animal experimentation and/or tissues, it will not proceed unless approved by the appropriate University of Manitoba human and/or animal ethics committee/s.  **Applicant Department Head Director of Research/Designate**  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Electronic signatures are acceptable* |

**If previous funding from HSCF has been granted, please circle: YES NO**

If yes, please provide the following:

* Project Title:
* Amount Funded:
* Year Granted:
* Outcomes (append no more than one page):

DO NOT APPEND MORE THAN ONE ADDITIONAL PAGE

**6.** **Proposal Highlights**

(a) Provide a brief description of the project in lay terms.

Lay Summary (~100 words)

(b) Relationship of proposal to the Foundation’s funding priorities, including providing the link to patient care.

**7. SUMMARY OF RESEARCH PROPOSAL**

Include a summary of the proposal including objective(s) and outline of no more than 500 words.

DO NOT APPEND ADDITIONAL PAGES

**8. DETAILS OF RESEARCH PROPOSAL**

(Not to exceed 10 pages, excluding references & appendices.) Include: summary of current state of knowledge, rationale, hypotheses, objectives, experimental approaches, and methodology. Please explain each stage of the project and justify with clear reasons the choice of your particular methods and materials (e.g. choice of sample size).

DO NOT APPEND MORE THAN NINE ADDITIONAL PAGES.

1. **ROLE OF THE PRINCIPAL INVESTIGATOR(S), CO-INVESTIGATOR(S) AND COLLABORATOR(S)**

Describe the roles of each investigator and the percentage of time each investigator is expected to contribute to the overall time required to complete the project. In addition, please indicate how much of the Principal Investigator and Co-Investigator’s time is allocated for research and how the project will fit into schedules.

If the Principal Investigator(s) currently holds an HSC Foundation grant, provide justification for available research time to complete both projects within their given timelines.

Where collaborators will be included, describe their role and contribution.

1. **TIMELINE**

General Operating Grants will be awarded in May 2020. The terms of the awards are the years: August 1, 2020 to July 31, 2022. Please indicate the expected timeline for approvals, account set-up, and milestones during the following periods.

|  |  |
| --- | --- |
| **Time Period** | **Anticipated Progress** |
| Current to July 31, 2020 |  |
| August 1, 2020 to February 28, 2021 |  |
| March 1, 2021 to July 31, 2021 |  |
| August 1, 2021 to February 29, 2022 |  |
| March 1, 2022 to July 31, 2022 |  |

**11.** **Name & address** of the Institution(s) where each phase of the project will be carried out:

Institution Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12.** Any grant provided by HSCF and administered through HSC Finance must adhere to the HSC Specific Account Policy and Procedure. Name and title of the Account Administrator and Fund Signatories\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Required Field for HSC Finance Accounts

**13.** **RESEARCH OPERATING FUNDS - ALL FUNDING RECEIVED OR APPLIED FOR MUST BE DECLARED**

Indicate any funds you (a) presently hold; and (b) have requested or are intending to request for the support of your proposed research project. Show all sources: granting agencies, university funds, private foundations, etc.

In the case of grants shared with other investigators, indicate the total sum, and, if possible, the portion available for your use in the present project. Indicate % overlap with current application. Where overlap exists, provide an explanation of the extent of overlap on a separate page.

(a) Funds received / To be received:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agency | Amount (per annum) | Period of Support | % of Time | % of Overlap |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

(b) Funds applied for / To be applied for:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agency | Amount (per annum) | Period of Support | % of Time | % of Overlap |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Append copies of SUMMARY and BUDGET for all funds received or applied for that overlap with the proposed research project.

1. **Operating Grant Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| **A.** PERSONNEL | # | % TIME | BUDGET |
| Technicians |  |  |  |
| Other Personnel (specify). *Operating grants are not primarily designed as personnel support.* |  |  |  |
| Benefits & Payroll Tax |  |  |  |
| **B.** EQUIPMENT |  |  |  |
| **C.** SUPPLIES and SERVICES |  |  |  |
| **TOTAL** |  |  |  |

Please indicate the source of the budgeted costs (i.e. labour agreements, quotes etc.). Where labour agreements are in place or where formal quotes have been provided, please attach copies of the documentation.

DETAILS of budget requested above:

**15. PERSONAL INFORMATION (OPTIONAL)**

**SPECIAL CIRCUMSTANCES AFFECTING RESEARCH PRODUCTIVITY**

You may wish to explain interruptions in education and/or periods of decreased productivity.