



2023 Allied Health Research Grant APPLICATION FORM

Instructions for Completion of Application Read Carefully

- Consult the Health Sciences Centre Foundation Allied Health Research Grant Guidelines to determine eligibility and requirements.
- One (1) electronic PDF version of your application must be submitted. Please ensure that the PDF includes all the documents in your application, including CV/resumes and approvals. The PDF is circulated to reviewers and must contain all relevant documents.
- The electronic version should be forwarded attention to Denry Eulalia, Research Grants Officer at HSCFoundationResearchGrants@sharedhealthmb.ca
- The following items must be included in the submission:
 1. A proposal, not exceeding five (5) one-sided, single-spaced pages in length (Calibri or Arial font, size 10-11, normal margins), excluding references and appendices. References must be included in Vancouver reference style and the submitted proposal must contain the sections below for the category of project selected:
 - a. **Research project:** summary of current state of knowledge, rationale, objectives, research questions, methodology, plans for dissemination of results/knowledge translation (e.g. plans for application to practice, roll-out of practice changes).
 - b. **Evidence-based project:** description of practice/discipline issue/change, current state of knowledge, rationale, objectives, methods for evaluation, plans for dissemination of results/knowledge translation (e.g. plans for application to practice, roll-out of practice changes).
 - c. **Outcome measurement/Quality improvement project:** description of the problem/outcome, summary of current state of knowledge, objectives, methods for evaluation, plans for dissemination of results/knowledge translation (e.g. plans for application to practice, roll-out of practice changes).
 2. Budget (see application form)
 - a. A complete budget outlining the requested funds in each of the following categories:
 - i. Personnel (including benefits)
 - ii. Supplies
 - iii. Equipment
 - b. Include justification for each item in the budget including the job functions of all personnel and their time commitment to the research project. If using grant funds for salary support for the Principal Investigator, please clearly outline percentage allocated and justification of usage. **Please provide quotations for equipment purchases, statistician/technician time, and other purchases.**
 3. Please attach a full CV or resume for each Principal Investigator and an abbreviated CV or resume (max.10 pages) for each Co-Investigator.



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4. Confirmation, in writing, of the willingness of other groups and/or individuals to participate, if a project requires the support and cooperation of other professionals, departments, associations, agencies or individuals.
5. Approval of the Research Ethics Board (REB) will be required as a final criterion for release of funds. REB approval: research protocols involving human subjects must provide evidence of submission to, or approval of, the proposal by the appropriate University of Manitoba Health REB (Bannatyne Campus) prior to funds being released.

Information regarding application procedures can be obtained from:

Shelly Rempel-Rossum, Coordinator, REB
P-126-770 Bannatyne Ave Winnipeg MB R3E 0W3
Phone: 204-789-3389

Submission to the REB is not required before completion of this application.

6. HSC Research Impact Committee Approval is required prior to release of funds. The proposal must also be reviewed and approved by the HSC Research Impact Committee.

Information regarding application procedures can be obtained via our website <https://sharedhealthmb.ca/health-providers/research-and-innovation/> or by contacting:

Shared Health Research and Innovation

MS7 – 820 Sherbrook St.
Winnipeg, Manitoba. Canada R3A 1R9
Ph: 204-926-7020
Fax: 204-787-4547
Email: SHResearch@sharedhealthmb.ca

Shared Health approval is not required before completion of this application.



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Allied Health Research Grant Application Form Checklist

Attach one copy of this checklist with the hard copy of your application.

- Number of Application Copies One (1) complete electronic version
- Project Proposal Maximum 5 one-sided single-spaced pages, excl. references
- Animal Care Approval Not needed Received and attached Pending
- Ethical Approval Not needed Received and attached Pending
- Impact Analysis Not needed Received and attached Pending
- CV/Resume CV for each applicant attached (Principal and Co-Investigator(s))
- Application Cover Page Appropriate boxes checked, page completed and signed by applicant(s), Supervisor, Department Head or their designate (signatures not required on electronic version but must be included on hard copies)
- Section 6 EASY-TO-UNDERSTAND LAY DESCRIPTION provided using non-scientific language. Describe the magnitude of the problem, e.g. statistics relative to the issue; use illustrations and/or examples, including potential impact on patient care.
- Section 7 Location of each project phase
- Section 8 Investigator(s) roles clearly defined
- Section 9 Budget figures checked for mathematical accuracy & budget justification provided. If using grant funds for salary support for the Principal Investigator, please clearly outline percentage allocated and justification of usage.
- Section 9B HSC Account Administrator identified (for HSC accounts)
- Section 9C All funds received or applied for listed
- Section 10 Knowledge translation plan clearly outlined

Name of Applicant

Signature

Date



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1. Surname, given names of Principal Investigator(s).												
1a. Surname, given names of Co-Investigator(s).												
2. Current mailing address of Principal Investigator(s): _____												
Telephone Number: _____ Email Address: _____												
3. a. Position, Department:												
3.b. Primary Affiliation:												
4. Title of Project: _____												
Category of application (check one): <input type="checkbox"/> Research <input type="checkbox"/> Evidence Based <input type="checkbox"/> Outcome/Quality												
Is this a new project? <input type="checkbox"/> Yes <input type="checkbox"/> No												
5. Synopsis (50 words or less) of proposed project:												
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.												
<table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: center; width: 33%;">Applicant</th> <th style="text-align: center; width: 33%;">Supervisor</th> <th style="text-align: center; width: 33%;">Director of Patient Care Services or Department Head</th> </tr> </thead> <tbody> <tr> <td style="border: none;">Name _____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Signature _____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Date _____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </tbody> </table> <p style="margin-top: 5px;"><i>Electronic signatures are acceptable.</i></p>	Applicant	Supervisor	Director of Patient Care Services or Department Head	Name _____	_____	_____	Signature _____	_____	_____	Date _____	_____	_____
Applicant	Supervisor	Director of Patient Care Services or Department Head										
Name _____	_____	_____										
Signature _____	_____	_____										
Date _____	_____	_____										



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

If YES, please provide the following:

Project Title:
Amount Funded:
Year Granted:

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 (see guidelines), including the link to patient care.



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7. LOCATION OF THE PROJECT

Name and address of the institution(s) where each phase of the project will be carried out:

Institution	Address
_____	_____
_____	_____
_____	_____

8. ROLE OF THE PRINCIPAL INVESTIGATOR(S), CO-INVESTIGATOR(S), AND COLLABORATORS

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.



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9. BUDGET

Total Amount Requested: \$

Personnel: includes hours per week or EFT, benefits, rate of pay, etc.		
Individuals	Time Commitment	\$
Salary Support for P.I. (provide details in section 9A)		
Supplies: Includes laboratory tests, etc.		
Item	Volume / # Required	\$
Equipment: Include quotes for equipment purchases		
Item		\$
TOTAL		\$

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9A. DETAILS of budget requested above (please attach quotes for budget line items)

9B. Any grant provided by HSCF and administered through the HSC must adhere to the HSC Specific Account Policy and Procedure. Please fill in the name and title of the Account Administrator and fund signatories*

*Required Field for HSC Accounts

9C. 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 presently held:

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



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(b) Funds applied for, or to be applied for (related to proposed project):

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

APPEND COPIES of SUMMARY and BUDGET PAGES FOR ALL FUNDS RECEIVED OR APPLIED FOR.

10. KNOWLEDGE TRANSLATION PLAN

Provide details about how results from the study will be disseminated/applied.