

2026 Allied Health Grant Application

Instructions for Completion of Application Read Carefully

- Consult the Health Sciences Centre (HSC) Foundation Allied Health Research Grant Guidelines to determine eligibility and requirements.
- One (1) electronic PDF version of your application must be submitted to the Research Grants Officer. Ensure that the PDF includes all documents in your application (including applicable approvals if they have been received, updated CV's, if applicable, confirmation from other groups/individuals to participate in the proposed project). The PDF is circulated to the reviewers and must contain all relevant documents.
- **Contact Information (Section 1)**
Please provide a current departmental address of Principal Investigator(s), information about co-investigators, and a synopsis of the proposed project (50 words or less). Signatures of the Applicant, Department Head and Director of Research are required in this section. Electronic signatures are acceptable.
- **Proposal Highlights (Section 2)**
It is essential that the HSC Foundation and its donors understand the value of your project proposal. Please describe the project in lay terms; use non-scientific language.
- **Abstract (Section 3)**
A summary of the proposal including objective(s) and outline of no more than 200 words should be typed on this page. This should be the same, or very similar to what was submitted at the LOI stage.
- **Research Proposal (Section 4)**
The detailed project proposal must be in PDF format and not exceed 5 single-spaced typewritten pages (Arial font, size 11, normal margins) excluding references, figures, appendix, and letters of support.
- **Roles (Section 5)**
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 6)**
The Allied Health Grant will be awarded by June 2026. The terms of the awards are September 1, 2026 to August 31, 2027. Indicate the expected timeline for approvals, account set-up, and milestones during the following periods.

- **Location of Project (Section 7)**

Funding is available for research or researchers at HSC. Priority will be given to proposals for projects completed exclusively at HSC or its affiliated facilities and/or programs. 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 8)**

Any grant provided by HSC Foundation and administered through HSC Finance must adhere to the Shared Health Research Accounts Policy (330.140.100). Name and title of the Account Administrator and Fund Signatories is required for all HSC Finance Accounts.

- **Partnership Funding (Section 9)**

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

Applicants submitting the same proposal to CancerCare Manitoba (CCMB) Research Grants competition or Children's Hospital Research Institute of Manitoba (CHRIM) must declare if the same proposal has been submitted to both organizations. HSC Foundation may choose to partner with CCMB or CHRIM to co-fund the application if applicants demonstrate exceptional scientific merit and meet the funding priorities of both organizations.

- **Budget (Section 10)**

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

Grants are designed for the support of projects focused on health (which may include personnel, equipment, and other normal direct costs). The Foundation does not support overhead fees through its grants. The Applicant must 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.**

- **Knowledge Translation (Section 11)**

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



Allied Health Grant Application Form Checklist

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

Number of Application Copies

☐ One (1) electronic copy sent in PDF format by email (including all attachments and signatures)

Animal Care Approval	<input type="checkbox"/> N/A	<input type="checkbox"/> Received	<input type="checkbox"/> Submitted	<input type="checkbox"/> Not Submitted
Shared Health Approval	<input type="checkbox"/> N/A	<input type="checkbox"/> Received	<input type="checkbox"/> Submitted	<input type="checkbox"/> Not Submitted
RITHIM	<input type="checkbox"/> N/A	<input type="checkbox"/> Received	<input type="checkbox"/> Submitted	<input type="checkbox"/> Not Submitted

Updated CV/Resume ☐ CV for each applicant attached (Principal and Co-Investigator(s))

Application Cover Page ☐ Appropriate boxes checked, Section 1 completed and signed by Investigator(s), Department Head, and Departmental Director of Research or their designate (electronic signatures acceptable)

Section 2 ☐ 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 3 ☐ Abstract of Proposed Project

Section 4 ☐ Background and body of the project proposal is not more than 5 pages, excluding references

Section 5 ☐ Investigator/s' roles clearly explained

Section 6 ☐ Clear and realistic timeline

Section 7 ☐ Location of each project phase listed

Section 8 ☐ HSC Account Administrator identified (for HSC accounts)

Section 9 ☐ All funds received or applied for listed

Section 10 ☐ Budget figures checked for mathematical accuracy, budget justification provided

Section 11 ☐ Knowledge Translation Plan

Name of Principal Investigator

Signature

Date

Section 1

1. Surname, given names of Principal Investigator(s). If your CV has been updated since submitted as part of the LOI, please attach a full updated CV for each Principal Investigator and Co-Investigator.
1. a. Surname, given names of Co-Investigator(s).
2. Current mailing address of Principal Investigator(s): _____ Telephone Number: _____ Email Address: _____
3. Position/Rank, Department, Institution, Faculty (if applicable):
3.a. Primary Affiliation:
4. Title of the Project: _____ Category of application (check one): Outcome/Quality <input type="checkbox"/> Evidence-Based <input type="checkbox"/> Research <input type="checkbox"/> Based New Project: <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Synopsis (50 words or less) of the 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.

	Applicant	Department Head	Director of Research/Designate
Name	_____	_____	_____
Signature	_____	_____	_____
Date	_____	_____	_____

Electronic signatures are acceptable

Has previous funding from HSCF been granted: ☐ 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

Section 2

Provide a brief description of the project in lay terms. The Lay Summary should not exceed 200 words.

Section 3

Include an abstract of the proposal including objective(s) and outline of no more than 200 words.

DO NOT APPEND ADDITIONAL PAGES

Section 4

Please attach the Project Proposal in PDF format ensuring it does not exceed 5 single-spaced typewritten pages (Arial font, size 11, normal margins) excluding references, figures, appendix, and letters of support. Be sure to justify the choice of your particular methods and materials (e.g. choice of sample size, qualitative research methodology). The submitted proposal must contain the sections below for the category of project selected:

- (a) **Outcome Measurement/Quality Improvement Project:** Description of the problem/outcome, summary of the current state of knowledge, objectives, methods for evaluation, expected outcomes and potential impact.
- (b) **Evidence-based Project:** Description of practice/discipline issue/change, current state of knowledge, rationale, objectives, methods for evaluation, expected outcomes and potential impact.
- (c) **Research-based Project:** Summary of current state of knowledge, rationale, objectives, research questions, methodology, expected outcomes and potential impact.

Section 5

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 this project 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.

Section 6

The Allied Health Grant will be awarded in June 2026. The terms of the awards are: September 1, 2026 to August 31, 2027. Please indicate the expected timeline for approvals, account set-up, and milestones during the following periods.

Time Period	Anticipated Progress
Current to Aug 31, 2026	
Sept 1, 2026 to Dec 31, 2026	
Jan 1, 2027 to Apr 30, 2027	
May 1, 2027 to Aug 31, 2027	

Section 7

NAME & ADDRESS of the Institution(s) where each phase of the project will be carried out:

Institution	Address
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Section 8

Any grant provided by HSC Foundation and administered through HSC Finance must adhere to the Shared Health Research Accounts Policy (330.140.100). Name and title of the Account Administrator and Fund Signatories*

* Required Field for HSC Finance Accounts

Section 9

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 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.

Section 10

BUDGET

A. PERSONNEL	#	% TIME	BUDGET (\$)
Salary Support for P.I. (provide details in section 9A)			
B. EQUIPMENT		N/A	
		N/A	
		N/A	
		N/A	
C. SUPPLIES and SERVICES		N/A	
		N/A	
		N/A	
		N/A	
		N/A	
TOTAL			

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

Section 11

KNOWLEDGE TRANSLATION PLAN

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