

Application Form NL SUPPORT Development Grant

Section A – Checklist and Instructions for Submission

Please fill in this form on your computer using Adobe Acrobat Reader or Acrobat Professional, saving it occasionally to your desktop with a filename in the following structure: **Your name – NL SUPPORT Development Grant**. When you have finished, save it again and then attach it, and the other documents in this checklist, to an email to internalgrants@mun.ca with this 'Subject' line: **Surname, First name, Development Grant Application**. Do not send any printed documents by mail.

The deadline for receipt of this submission is **November 15, 2018**. Documents that arrive after the deadline will not be considered.

If the Nominated Principal Applicant has not received confirmation of receipt within two business days of the application deadline, please contact Michelle Butt mbutt@mun.ca.

Please use the checklist below to ensure you have included all required electronic documentation with your application.

Required Documents	
Application form (this document in PDF format), including:	<input type="checkbox"/>
Completed plain language abstract (see Section G)	<input type="checkbox"/>
Completed detailed proposal (see Section H)	<input type="checkbox"/>
Completed roles of investigators document (see Section I)	<input type="checkbox"/>
Biographical Information for all applicants (see Section J)	<input type="checkbox"/>
Budget justification (see Section N)	<input type="checkbox"/>

Required Hardcopy Documents	
Authorization Form(s) (see Section K)	<input type="checkbox"/>
Approval by the appropriate Ethics Review Board (if applicable – see section O)	<input type="checkbox"/>

Optional Documents	
Letter(s) of Support (see Section L)	<input type="checkbox"/>

If you have any questions about this application, please contact Dale Humphries at dale.humphries@med.mun.ca

Section B – Nominated Principal Applicant Information

The Nominated Principal Applicant is defined as an individual who will:

- be responsible for the direction of the proposed activities; and
- assume the administrative and financial responsibility for the grant or award; and
- receive all related correspondence related to this application
- Every application must have one Nominated Principal Applicant; if there is only one Principal Applicant, that person is automatically the Nominated Principal Applicant

Title: Dr. Mr. Ms.

Surname:

First Name:

Organization and Department:

Mailing Address:

Telephone:

Fax:

Email:

Eligibility

Principal Applicants do not need a doctorate, but they should at least be trainees or independent researchers with Master's qualifications in a field relevant to patient-oriented research. Researchers employed at institutions elsewhere in Canada may apply as Principal Applicant, but the work performed must include a focus on Newfoundland and Labrador and include local applicants. Researchers from non-Canadian institutions may be 'Associates' but not Principal Applicants or Co-Applicants. **Trainees, students or patient partners** applying for Development Grant funding must nominate a Co-PI who is eligible to hold funding at an eligible institution.

It is, however, recommended that Principal Applicants:

- Be employed by a post-secondary academic institution or by a health or community services institution in Newfoundland and Labrador and have dedicated time for research;
- Have a Ph.D. or a professional degree and a thesis-based Master's degree in a health-related field.

The Principal Applicant is the person who will take primary responsibility for the intellectual direction of the research and assume administrative responsibility for the funds. Developmental grant funds are not intended to supplement the salary of the Principal Applicant or Co-Applicants.

Section C – Co- Principal Applicant Information (if applicable)

Title: Dr. Mr. Ms.

Surname:

First Name:

Organization and Department:

Mailing Address:

Telephone:

Fax:

Email:

Section D – List of all Co-Applicants Below

1	Full Name	
	Title and Position	
	Department or Unit (if applicable)	
	Institution	
2	Full Name	
	Title and Position	
	Department or Unit (if applicable)	
	Institution	
3	Full Name	
	Title and Position	
	Department or Unit (if applicable)	
	Institution	
4	Full Name	
	Title and Position	
	Department or Unit (if applicable)	
	Institution	
5	Full Name	
	Title and Position	
	Department or Unit (if applicable)	
	Institution	

Section E – List of all Co-Applicants Below (continued)

6	Full Name	
	Title and Position	
	Department or Unit (if applicable)	
	Institution	
7	Full Name	
	Title and Position	
	Department or Unit (if applicable)	
	Institution	
8	Full Name	
	Title and Position	
	Department or Unit (if applicable)	
	Institution	
9	Full Name	
	Title and Position	
	Department or Unit (if applicable)	
	Institution	
10	Full Name	
	Title and Position	
	Department or Unit (if applicable)	
	Institution	

Section F – Project Title

Project Title:

Section G – Plain-language Summary of the Project

Please submit as an electronic attachment to your application in Microsoft Word or PDF format, a summary of the proposed project. The summary should be written in clear, non-technical language that can be understood by all members of a multi-disciplinary review committee including patients, knowledge users and academics. Please describe: objectives, research design, originality and importance of the work, projected patient impacts, and the relevance of the proposed research to the Newfoundland and Labrador Support for People and Patient-Oriented Research and Trials Unit (see Awards Guide). (maximum **250 words**.)

Selection Criteria for Development Grants

Applications for Development Grants will be judged according to the following selection criteria:

- Relevance of the proposed research to the NL SUPPORT mandate and **priority research themes**;
- Planned incorporation of patients as partners rather than subjects throughout the project's lifecycle and engagement activities;
- Planned integrated knowledge translation activities, including identified knowledge users or user groups
- Expertise and research experience, as well as past contributions to patient-oriented research and related fields, on the part of the applicants;
- Merit of the proposal, based on: quality and clarity of research question; originality; potential contribution to patient-oriented research; relevance to health-related decision-making, systems improvement or positive patient impacts; value to the healthcare system; and knowledge translation planning and implementation;
- Clarity of presentation and appropriateness of design and research plan; feasibility of the proposed work; and appropriateness and justification of the budget.

Priority will be given to recently established researchers (within the first five years of a first full-time appointment) and researchers who do not currently hold a major grant from an external funding agency.

Section H – Detailed Proposal

Please submit as an electronic attachment to your application in Microsoft Word or PDF format, a description of your research (maximum **2000 words**). Essential elements to include in the detailed proposal are:

- objectives of the study, including projected patient impacts
- research questions and hypothesis
- current knowledge in the area, and how the study will build on and add to it
- the relevance and importance of the project to the mandate and research objectives of NL SUPPORT
- the priority research theme being addressed
- a brief patient engagement plan in your study
- a brief knowledge translation or implementation plan
- a brief section outlining any important ethical issues and how they will be addressed

References cited may, if necessary, be included as additional pages.

Section I – Roles of Investigators

Please submit as an electronic attachment to your application in Microsoft Word or PDF format, a description of your role and that of each of the Applicants in the proposed research project. Indicate the proportion of your time you will devote to the project (maximum **250 words**).

Section J – Curricula Vitae

A current curriculum vitae should be appended in electronic format for all academic and other knowledge user Principal Applicants and Co-Applicants. This **can** be in the Canadian Common CV format most applicable to the applicants' roles but should include the following information:

- Academic background (degrees, institutions and years)
- Professional role as appropriate
- Employment (current and past)
- Publications, papers and presentations
- Research Funding over the past five years and currently pending
- Awards and Distinctions

Patient Partners acting in a co-Applicant role do **NOT** have to submit a CV, but are asked to submit instead a brief letter outlining their background as it pertains to the research program.

Section K – Authorization Form

Applications **must** include a completed Authorization Form for each Principal Applicant.

This form must be signed **in hardcopy format** by the applicant, followed by the following authorities in order:

For Memorial applicants:

1. Your department or division head (as applicable)
2. The administrator of your academic unit responsible for research (usually an Associate Dean or Associate Director)

For external applicants:

1. Signature from your immediate manager or department head (if you are in a departmentalized unit)
2. If applicable, the administrator of your academic unit responsible for research (usually an Associate Dean or Associate Director)
3. If applicable, the Office of Research or equivalent unit at your academic institution.

Each signing authority must receive a final version of your proposal before their signature can be secured. Once your Authorization Form is complete, it should be printed out, signed and then scanned and attached to the electronic application.

Co-Applicants and patient partners are not required to submit an Authorization Form, but are asked to submit a signature indicating their agreement to participate in the roles outlined in Section I. **The Authorization Form may be used for this purpose.**

Section L – Letter(s) of Support

You may submit letters from third parties who wish to express their support of the proposed project. These third parties may be:

- Organizations, programs and services critical to the success of the proposed research
- Other organizations, programs and services, including regional health authorities, community organizations or professional associations.

Letters of support are **optional**.

Section M – Budget

Please Indicate the specific purposes for which the funds are to be used (e.g. payment of personnel, purchases of equipment, honorarium, etc.)

Category	Amount (\$)
Personnel (salaries & 15% benefits)	
Professional/Technical Services	
Patient Engagement	
<u>Equipment and Supplies</u>	
<ul style="list-style-type: none"> • Computer Equipment 	
<ul style="list-style-type: none"> • Other Non-Disposable Equipment 	
<ul style="list-style-type: none"> • Supplies 	
<u>Travel and Communications</u>	
<ul style="list-style-type: none"> • Field Research 	
<ul style="list-style-type: none"> • Dissemination 	
<u>Other Costs (please indicate in Justification)</u>	
Total Funds Requested	

Section N – Budget Justification

Please submit as an electronic attachment to your application in Microsoft Word or PDF format, a detailed justification of the budget (maximum **500 words**). Include an explanation of all items and their cost. In addition, if you have funding for part of this project or for a related project from another source, please explain how the work that will be funded by NL SUPPORT is differentiated from the work funded by the other sources.

Development Grants **may** be used for:

- Fees related to access to, or storage and analysis of, data
- Payment for clerical/secretarial support, research assistants and/or consultants necessary to the project
- General office expenses and supplies necessary to carry out the research reimbursement for use of hospital equipment or personnel
- Medical procedures that are necessary to the research project and not reimbursed by the health service or system
- Compensation for reasonable expenses incurred by research subjects to participate in research
- Technical advice of an unusually complex nature and/or requiring a considerable time commitment that goes beyond what could be expected in a collegial relationship
- Field travel for research purposes, at standard expense rates allowed at the host institution
- Cost of printing, photocopying, postage, telephone and fax services, computing services and supplies
- Cost of obtaining copyright releases and payments under copyright agreement
- Patient engagement costs or patient appreciation
- Any other expenses not included above must be in-line with Tri-Agency Funding Guidelines: http://www.nserc-crsng.gc.ca/Professors-Professeurs/FinancialAdminGuide-GuideAdminFinancier/FundsUse-UtilisationSubventions_eng.asp

Excluded Expenditures

Development Grant funds may not be used for the following:

- Expenditures considered as overhead, including space renovation or construction, purchase of laboratory furniture or other permanent equipment normally supplied by the institution
- Defraying costs for entertainment or hospitality
- Paying fringe benefits of research trainees
- Paying academic fees for research trainees
- Providing salary payments to the Principal Applicant or any Co -Applicants

Section O – Ethics

Applicants must adhere to the ethical guidelines of the Tri Council Policy statement “**Ethical Conduct for Research Involving Humans**” (<http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/Default/>) and of the “**Human Research Ethics Authority**” Act (<http://www.hrea.ca/Ethics-Review-Required.aspx>) as administered by the Health Research Ethics Board (HREB.)

All projects which have been accepted as being relevant and fulfilling of all other criteria as outlined in the research call will require ethical approval or evidence of submission to the HREB or other comparable committees such as the Interdisciplinary Committee on Ethics in Human Research (ICEHR) that have been approved by the HREB.

Check one of the following:

- The proposed research has been reviewed and approved by the appropriate Ethics Review Board, and a copy of the ethics certificate is appended or attached
- The proposed research has been submitted for review to the appropriate Ethics Review Board
- The proposed research will be submitted for review to the appropriate Ethics Review Board

Section P – Use and Disclosure

All information requested by the Newfoundland and Labrador Support for People and Patient Oriented Research and Trials Unit (NL SUPPORT) will be used solely for the administration and management of the awards program and is collected under the general authority of the Memorial University Act (RSNL 1990 Chapter M-7). Questions about this collection and use of personal information may be directed to NL SUPPORT at (709) 864-6277.

By submitting this application to NL SUPPORT you are certifying that all of the statements contained in it and in all its attachments are accurate to the best of your knowledge.