

Application Form NL SUPPORT Research 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 Research 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, Project Grant Application**. Do not send any printed documents by mail.

The deadline for receipt of this submission is **July 31st, 2017**. No applications will be accepted if an EOI has not previously been submitted. Documents that arrive after the deadline will not be considered. When your e-mail is received, you will receive an e-mail reply within 2 business days acknowledging receipt. If you do not receive this acknowledgment, please call Michelle Butt at (709) 864-8368.

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)	<input type="checkbox"/>
Biographical Information for all applicants (see Section J)	<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 Eva Vat, eva.vat@med.mun.ca (709) 864-6654

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:

Community, Organization and Department (if applicable):

Mailing Address:

Telephone:

Fax:

Email:

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

Title: Dr. Mr. Ms.

Surname:

First Name:

Community, Organization and Department (if applicable):

Mailing Address:

Telephone:

Fax:

Email:

Section D – List of all Co-Applicants Below

1	Full Name	
	Title and Position (if applicable)	
	Community	
	Organization (if applicable)	
2	Full Name	
	Title and Position (if applicable)	
	Community	
	Organization (if applicable)	
3	Full Name	
	Title and Position (if applicable)	
	Community	
	Organization (if applicable)	
4	Full Name	
	Title and Position (if applicable)	
	Community	
	Organization (if applicable)	
5	Full Name	
	Title and Position (if applicable)	
	Community	
	Organization (if applicable)	

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

6	Full Name	
	Title and Position (if applicable)	
	Community	
	Organization (if applicable)	
7	Full Name	
	Title and Position (if applicable)	
	Community	
	Organization (if applicable)	
8	Full Name	
	Title and Position (if applicable)	
	Community	
	Organization (if applicable)	
9	Full Name	
	Title and Position (if applicable)	
	Community	
	Organization (if applicable)	
10	Full Name	
	Title and Position (if applicable)	
	Community	
	Organization (if applicable)	

Section F – Project Title

Project Title:

Section G – Plain-language Summary of the Project

Provide 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: the relevance of the proposed research to the community, objectives, research design, originality and importance of the work. (maximum **250 words**.)

Section H – Detailed Proposal

Please submit as an electronic attachment to your application in Microsoft Word or PDF format, a detailed description of your research (maximum **3000 words**). Essential elements to include in the detailed proposal are:

- the research theme being addressed and how this theme was identified by/with the community
- the relevance and importance of the project to the community
- objectives of the study
- research questions and hypothesis
- current knowledge in the area, and how the study will build on and add to it
- how you plan to engage patients and the community in the study
- a brief section outlining any important ethical issues and how they will be addressed
- a section about data sharing, protection and management
- methodology
- how the results will be disseminated and/or applied

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

Section I – Roles of Investigators

Describe your role and that of each of the Co-Investigators in the proposed research project. Indicate the proportion of your time you will devote to the project (maximum **250 words**).

Section J – Curriculum Vitae

A current curriculum vitae should be appended in electronic format for all Principal Applicants and Co-Applicants and 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

Indigenous and Non-Academic partners may provide a letter identifying their contribution including in-kind contributions which can be attached as a PDF letter of support instead of a curriculum vitae.

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) University applicants:

1. Your department head (if you are in a departmentalized unit)
2. The administrator of your academic unit responsible for research (usually an Associate Dean or Associate Director)

For non-University applicants:

1. Signature from your immediate manager and/or Indigenous organizational leader (Chief, President, etc.) OR
2. Your department head (if you are a departmental unit within an Indigenous government/organization).

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.

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:

- Patients and community members who will benefit from the research project
- 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)	<input type="text"/>
Professional/Technical Services	<input type="text"/>
<u>Equipment and Supplies</u>	
• Computer Equipment	<input type="text"/>
• Other Non-Disposable Equipment	<input type="text"/>
• Supplies	<input type="text"/>
<u>Patient and community engagement</u>	
• Engagement activities	<input type="text"/>
• Expenses for community members	<input type="text"/>
• Translation	<input type="text"/>
<u>Travel and Communications</u>	
• Field Research	<input type="text"/>
• Dissemination (including translation)	<input type="text"/>
<u>Other</u>	
• _____	<input type="text"/>
Total Funds Requested	<input type="text"/>

Section N – Budget Justification

A justification of the budget is required (maximum **250 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.

Section O – Ethics

Applicants must adhere to the ethical guidelines of the Tri Council Policy statement “Ethical Conduct for Research Involving Humans” (Chapter 9) and of the “Human Research Ethics Authority” Act 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

Please check the following:

- The proposed research has been reviewed and approved by the appropriate Indigenous and Health Authority Research Review Committee(s) (if applicable), and a copy of the approval is appended or attached
- The proposed research has been submitted for review to the appropriate Indigenous and Health Authority Research Review Committee(s) (if applicable)
- The proposed research will be submitted for review to the appropriate Indigenous and Health Authority Research Review Committee(s) (if applicable)

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.