Breathing as One: Allied Health Research Grant Application Form

This form and the Guidelines and Instructions for Research Grant Applications can be downloaded from the Lung Association website www.lung.ca/lung-research/apply-funding. Please follow the guidelines to complete the form. If guidelines are not followed applications will not be considered. Applications must meet the criteria identified in the Guidelines to be accepted for review.

1. Applicants must register at: <https://form.simplesurvey.com/f/l/bao-allied-health-grant-competition-2019-registration> by **May 1, 2019 by 3:30pm EST**. Applicants are required to provide the names of the Principal Investigator, Co-Principal Investigator, co-investigator(s), supervisor(s), three (3) suggested reviewers, the project title, keywords, and a maximum (one) 1 page abstract of your research project. The Lung Association will confirm receipt of your registration via e-mail.
2. Upload one (1) electronic copy of the application to: <https://form.simplesurvey.com/f/l/bao-allied-health-grant-competition-2019-application> by **May 17, 2019 by 3:30pm EST**. The electronic copy must include a completed copy of the application form with signatures and all the relevant documents. The Lung Association will confirm receipt of your application via e-mail. Please ensure that your e-mail address is included on page 1 of the application.

**Principal Investigator:**

|  |  |
| --- | --- |
| **Surname:** |  |
| **Given Name(s)** |  |
| **Position:** |  |
| **Appointment Held:** |  |
| **E-mail:** |  |
| **Telephone #:** |  |

**C0-Principal Investigator:**

|  |  |
| --- | --- |
| **Surname:** |  |
| **Given Name(s)** |  |
| **Position:** |  |
| **Appointment Held:** |  |
| **E-mail:** |  |
| **Telephone #:** |  |

**Co-Investigator(s):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Position:** |  |
| **Name:** |  | **Position:** |  |
| **Name:** |  | **Position:** |  |

*Continue on a separate sheet, if necessary.*

**Thesis Committee and Supervisor, if applicable**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Position:** |  |
| **Name:** |  | **Position:** |  |
| **Name:** |  | **Position:** |  |

*Continue on a separate sheet, if necessary.*

**Project Information**

|  |  |
| --- | --- |
| **Title of Study:** |  |

|  |  |
| --- | --- |
| **Keywords (max. 5)** |  |

|  |  |
| --- | --- |
| **Amount requested:** | $ |

|  |  |
| --- | --- |
| **Institution where the research will be conducted**: |  |

|  |
| --- |
| ***Did you include a signed letter guaranteeing matching funds (see guidelines for formula) for the one (1) year duration of the award*?** yes [ ]  no [ ]  Please note that applicants who are unable to fulfill this requirement are not eligible for these awards |

1. **Signatures**
(All signatures must be present for application to be considered complete):

By signing the page, successful applicants and the institution in which the proposed research will be done will indemnify and save harmless the Canadian Lung Association from all actions, claims, suits, demands, liabilities, losses, damages, charges, costs or expenses (including legal fees) which may be imposed upon or incurred by or asserted against the Canadian Lung Association by reason of or arising out of the funding of the proposed research. The general conditions governing the award of a Research Grant apply to any grant pursuant to this application and are hereby accepted by the applicant and the institution, which employs her/him. It also is agreed that any research under this application will conform to the research policies of the applicant's institution/organization.

**Principal Investigator**(s):

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Principal Investigator Name | Signature | Date |
|  |  |  |
| Co-Principal Investigator Name (if applicable) | Signature | Date |

**Co-Investigator**(s):

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Co- Investigator Name | Signature | Date |
|  |  |  |
| Co- Investigator Name | Signature | Date |
| Co- Investigator Name | Signature | Date |

**Head of Department/Program or Designate**:

|  |  |
| --- | --- |
|  |  |
| Department Head Name | Title |
|  |  |
| Signature | Date |

**Dean or Executive Officer**:

|  |  |
| --- | --- |
|  |  |
| Dean or Executive Officer Name | Title |
|  |  |
| Signature | Date |

**Thesis Supervisor, if applicable:**

|  |  |
| --- | --- |
|  |  |
| Thesis Supervisor Name | Title |
|  |  |
| Signature | Date |

**financial officer**

Please provide the name and contact information of the financial officer who administers research funds at your Institution.

|  |  |
| --- | --- |
| **Cheque Payable To:** |  |
| **Financial Officer:**  |  |
| **Title:** |  |
| **Institution:** |  |
| **Mailing Address:** |  |
| **E-mail:** |  |
| **Telephone:** |  |
| ***This information is required in order for funds to be released to your institution*** |

**ETHical Approval**

Please attach letter of ethics approval to appendix, if available. If approval has not been received by the application deadline of **May 17, 2019** then evidence of approval must be received at the CLA office no later than **August 1, 2019.**

[ ]  Ethics approval attached [ ]  Letter to follow [ ]  N/A Please explain

1. **Lay Summary of the Project:**

Using the outline provided below, provide a lay summary of the research proposal in non-scientific, everyday language at a reading level no greater than Grade 8. Use analogies, simplifications, and generalizations rather than scientific and technical terms. The summary should be **no more than 350 words**. The lay summary of successful applicants may be included in publications of The Lung Association, Board reports or public media.

1. Statement of the health problem or issue:
2. Objective of your project:

c) How will you undertake your work?

1. What is unique/innovative about your project?
2. A clear and concise description of how the proposed research is relevant to the Lung Association’s mission statement, i.e. how will the outcomes of your project improve the lung health of Canadians.

*The mission of The Lung Association is to lead nationwide and international lung health initiatives, prevent lung disease, help people manage lung disease and promote lung health.*

1. **Access to Research Site & Support**

Describe the research facilities/support available to you in the space below (e.g., equipment, personnel, space). Letters of support indicating access to resources may strengthen your application. Indicate whether or not letters of collaboration are included and attached as an appendix.

Letters of collaboration attached as an appendix: Yes [ ]  No [ ]  N/A [ ]

1. **Summary of Research Proposal (Abstract)**

Summarize the rationale, purpose and research methodology. (Maximum one (1) page, single-spaced, Arial 12-pt font, 1-inch margins)

# Research Proposal

Provide a clear concise description of the problem, a summary of the current state of knowledge including background literature, relevant work done by yourself and essential references, your research questions or hypotheses, method (sample, setting, design), data analysis plan, relevance to lung health and a timeline. Do not exceed eight (8) pages excluding references and up to five tables, single-spaced, Arial 12-pt font with 1-inch margins. Please refer to the submission guidelines*.*

1. **Budget**

All items on the budget **must** be justified. Please attach justification (maximum two (2) pages, single-spaced, Arial 12-pt font, 1-inch margins). Describe the role of the personnel and the rationale for equipment, materials, supplies and other.

**A) Personnel (Please specify category such as research assistant, consultant etc.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personnel** | **# of Hrs/week** | **# of weeks** | **Hourly Pay** | **Cost** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total** |  |

**B) Equipment:**

|  |  |
| --- | --- |
| **Item** | **Cost** |
|  |  |
|  |  |
| **Total** |  |

**C) Materials & Supplies:**

|  |  |
| --- | --- |
| **Item** | **Cost** |
|  |  |
|  |  |
| **Total** |  |

**D) Services:**

|  |  |
| --- | --- |
| **Item** | **Cost** |
|  |  |
|  |  |
| **Total** |  |

**E) Other (specify, for e.g., travel, costs related to knowledge dissemination or knowledge translation\*\*):**

|  |  |
| --- | --- |
| **Item** | **Cost** |
|  |  |
|  |  |
| **Total** |  |

  **TOTAL REQUESTED:**

\* A maximum of $3,000 may be included in the budget for knowledge translation/dissemination related to this project.

**Indirect Costs Policy:**

The Lung Association supports only the direct costs of research. No funding is to be used for indirect costs of research. The definition of indirect costs of research for the purposes of this policy is, costs which cannot be directly associated with a particular research program or operating grant including costs associated with the general operation and maintenance of facilities (from laboratories to libraries); the management of the research process (from grant management to commercialization); and regulation and safety compliance (including human ethics, animal care and environmental assessment).

# 7. Letters of Collaboration

**Collaborations**:

If collaborators who will make significant contributions to the proposed research are not listed as applicants on this application, a signed statement of agreement from each collaborator must be appended. Examples of “collaborators” include individuals that will allow access to subjects and/or provision of equipment or specialized services such that the project would not be possible without the support of this person.

Do not append letters in general support of the research.

List names of individuals providing letters of collaboration, as described:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position Held** | **Institution** | **Specify Collaboration** |
|  |  |  |  |
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# 8. Cihr Common CV

Please submit the CIHR academic version of the Common CV for the Principal Investigator(s) and all the Co-Investigator(s).

**9. Suggested reviewers**

Please provide the names and contact information for three (3) suggested external reviewers. **Do not include persons with whom the applicant(s) has/have collaborated in the previous five (5) years.** Suggested reviewers should not be from the same institution as the principal investigator or co-principal investigator.

|  |  |
| --- | --- |
| **i) Name** |  |
| **Address** **(include institution)** |  |
| **City/Province/Country** |  |
| **Postal Code** |  |
| **Telephone** |  |
| **E-mail** |  |
| **Area of Expertise** |  |

|  |  |
| --- | --- |
| **ii) Name** |  |
| **Address** **(include institution)** |  |
| **City/Province/Country** |  |
| **Postal Code** |  |
| **Telephone** |  |
| **E-mail** |  |
| **Area of Expertise** |  |

|  |  |
| --- | --- |
| **iii) Name** |  |
| **Address** **(include institution)** |  |
| **City/Province/Country** |  |
| **Postal Code** |  |
| **Telephone** |  |
| **E-mail** |  |
| **Area of Expertise** |  |

**Please complete this checklist.**

|  |  |
| --- | --- |
| 1. Eligibility criteria met:
 | Completed/Yes[ ]  |
| 1. A Canadian citizen, permanent Canadian resident or landed immigrant. These awards are normally held at Canadian institutions.
2. A respiratory health professional from a recognized clinically based discipline (e.g., registered nurse, nurse practitioner; physiotherapist; respiratory therapist; pharmacist; cardio-pulmonary technologist; polysomnographic technologist; kinesiologist; dietician; occupational therapist; social worker; or psychologist) (**MDs are not eligible for Breathing as One: Allied Health Research Grant support as a Principal Investigator**).
3. Affiliated with a health care organization, an educational institution or any other Canadian institution that can manage funds in the approved way.
4. Pursuing a research study with respiratory health as the major focus.
5. Individuals who currently hold and/or are being supervised by individuals holding funding from tobacco and/or cannabis industry are not eligible.
6. Able to secure matching funds for the one (1) year duration of the award (see section below for formula). The applicant must include within their application a signed letter guaranteeing the matching funds for the duration of the award.
 |  |
| 1. Obtain correct, **current** application package (2019 Launch)
 | [ ]  |
|  |  |
| 1. Upload one (1) electronic copy of the application by **May** **17, 2019 by 3:30pm EST**
 | [ ]  |
| 1. Letter of approval from local Research Ethics Board included or to follow by August 1, 2019
 | [ ]  |
|  |  |
| 1. Application form completed. All requested information provided:
 | [ ]  |
| * 1. Applicant information
 | [ ]  |
| * 1. Signatures
 | [ ]  |
| * 1. Information re: financial officer
 | [ ]  |
| * 1. Budget and details
 | [ ]  |
| * 1. Description of other resources/funds
 | [ ]  |
| * 1. Lay summary
 | [ ]  |
| * 1. Letters of Support re: access to resources
 | [ ]  |
| * 1. Summary of proposed research (abstract)
 | [ ]  |

|  |  |
| --- | --- |
|  | Completed |
| * 1. Proposal
 | [ ]  |
| * + 1. Problem statement, significance, purpose
 | [ ]  |
| * + 1. Literature review
 | [ ]  |
| * + 1. Research objectives/questions/hypotheses
 | [ ]  |
| * + 1. Methods and procedures
 | [ ]  |
| * + 1. Instrument reliability and validity
 | [ ]  |
| * + 1. Ethical considerations
 | [ ]  |
| * + 1. Relevance to CLA
 | [ ]  |
| * + 1. Contribution to respiratory health
 | [ ]  |
| * + 1. Role of PI, co-PIs and other key personnel
 | [ ]  |
| * + 1. Timeline
 | [ ]  |
| * + 1. Plans for knowledge translation
 | [ ]  |
| * + 1. Reference list
 | [ ]  |
| 1. Letters from Collaborators
 | [ ]  |

|  |  |
| --- | --- |
| 1. **Letter guaranteeing matching funds (see guidelines for formula) for the one (1) year duration of the award**
2. CIHR (Academic version) Common CV
 | [ ] [ ]  |
| 1. Suggested Reviewers
 | [ ]  |