Grant Application Form

**National Grant Review (NGR)/Grant-in-Aid (GIA)**

1. **Registration**

Applicants are required to register with the Canadian Lung Association via <https://form.simplesurvey.com/f/l/grant-registration-2018> by **Friday, November 16th, 2018 4:30pm Pacific time**. You are required to provide the names of the Principal Investigator and co-applicants, institution, identify the type of research (clinical or basic science), the project title, keywords, and a maximum 1 page abstract of your research project.

1. **Full Application**

**Electronic Application (all applicants):** **Upload ONE (1) complete application** with all the supporting documentation (PDF) via <https://form.simplesurvey.com/f/l/grant-application-2018> by **Friday, December 7th, 2018 4:30pm Pacific time**.

|  |
| --- |
| 1. **Applications submitted after the deadline will be considered late.** 2. **CLA and the provincial Lung Associations reserve the right to decline late, incomplete applications or those exceeding page limitations.** |

# Administration

* 1. **Select the Lung Association to which the application is being made:**

|  |
| --- |
| **Alberta & NWT** |
| **British Columbia** |
| **Ontario**  OTS/TLA (formerly OLA)/Industry Grant Application  **(*When available these co-sponsored awards provide additional funding identical to the standard GIA award and are reviewed in the same manner)*** |

**(Applications can only be sent to one provincial Lung Association)**

* 1. **Are you a new investigator?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No | | | | | |
| Yes | **If yes, date of 1st appointment:** |  | | **Institution:** |  |
| ***BC:*** *within first* ***5 years*** *of 1st  full-time faculty appointment* | | | ***ON:*** *within first* ***7 years*** *of 1st faculty appointment* | | |

* 1. **What type of application are you submitting?**

|  |  |  |
| --- | --- | --- |
| New application  (not previously funded) | Previously funded application | Resubmission of an application from a previous NGR competition |

* 1. **Name and address of institution and department where the research will be carried out and appointment to be held:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **University/Institution:** |  | | | | |
| **Department:** |  | | | | |
| **Address:** |  | | | | |
| **City:** |  | **Province:** |  | **Postal Code:** |  |
| ***If this information changes please inform your provincial lung association as soon as possible*** | | | | | |

* 1. **Grant Amount Requested:**

|  |  |  |  |
| --- | --- | --- | --- |
| **1st year:** |  | **2nd year:** |  |
|  | | ***(only available for BCLA grants)*** | |

* 1. **Administrative/financial officer who will administer funds:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Cheque Payable To:** |  | | | | | |
| **Financial Officer:** |  | | | | | |
| **Title:** |  | | | | | |
| **Institution:** |  | | | | | |
| **Institution Business Registration Number (MANDATORY FIELD):** |  | | | | | |
| **Mailing Address:** |  | | | | | |
| **City:** |  | **Province:** | |  | **Postal Code:** |  |
| **E-mail:** |  | | | | | |
| **Telephone:** |  | **Fax:** |  | | | |
| ***This information is required in order for funds to be released to your institution*** | | | | | | |

* 1. **Two committees will review grants. Check the most appropriate committee for your submission.**

|  |  |
| --- | --- |
| **Basic Science** | **Clinical Research** |

* 1. **Title of the proposed research:**

|  |
| --- |
|  |

* 1. **Have you applied or will you be applying to any other agencies with the same proposal?**

|  |  |  |
| --- | --- | --- |
| No | | |
| Yes | **If yes, list the agencies:** |  |

* 1. **List five key words, which identify the project.**

|  |  |
| --- | --- |
| **Key words:** |  |

# Research Team

* 1. **Principal Investigator**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Position:** |  |
| **Institution:** |  | **Department:** |  |
| **Address:** |  | **City:** |  |
| **Province:** |  | **Postal Code:** |  |
| **Telephone:** |  | **Extension:** |  |
| **E-mail:** |  | **Fax:** |  |

* 1. **Co-Principal Investigator\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Position:** |  |
| **Institution:** |  | **Department:** |  |
| **Address:** |  | **City:** |  |
| **Province:** |  | **Postal Code:** |  |
| **Telephone:** |  | **Extension:** |  |
| **E-mail:** |  | **Fax:** |  |

**\***Co-principal investigators do not require a faculty appointment; however they must complete scientific, methodological and budgetary overlap details (Question 7).

* 1. **Co-Applicants**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Institution:** |  |
| **Name:** |  | **Institution:** |  |
| **Name:** |  | **Institution:** |  |

# Structured Lay Summary – not to exceed ONE (1) page

|  |
| --- |
| **You may delete these instructions to use the whole page**  The Lung Association places a high priority on ensuring that the research it funds is relevant to its mission.  *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. Our Provincial and national offices work together to help the one in five Canadians who have breathing problems.*  Using the outline provided below, provide a lay summary of the research proposal in non-scientific, everyday language at a level **no greater than Grade 6**. Use analogies, simplifications, and generalizations rather than scientific and technical terms. **Applications without a response to each sub-section will be considered incomplete. The Lung Association reserves the right to decline incomplete applications.**  This summary will facilitate communications to the public and our donors about the research supported by the Lung Association. |

* 1. **Statement of the health problem or issue**
  2. **Objective of your project**
  3. **How will you undertake your work?**
  4. **What is unique/innovative about your project?**
  5. **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.**

# Details of the grant proposal - not to exceed SIX (6) pages

|  |
| --- |
| **You may delete these instructions to use the whole page**  Include the hypothesis to be tested; knowledge to date, methods to be used, anticipated results and conclusions, possible problems and pertinent references. **This section must not exceed SIX (6) pages, excluding references, tables, charts, figures and photographs. Additional materials (tables, charts, figures, etc. must not exceed FIVE (5) pages)**. Representative publications may be uploaded as appendices but cannot exceed **THREE (3) in number**. These papers must be published, in press, or accepted. A letter from the journal confirming status of publication must accompany papers not yet published. **Pages should be single-spaced using either 12 point Times New Roman or 11 point Arial font.** **Condensed type or spacing will not be acceptable.** A margin of 2 cm around the page is needed. No photo-reduction except for figures.    **Materials in excess of the above will be at the discretion of the Lung Association to either to decline to send the excess material to the reviewers or to decline the application.** |

# Roles and Responsibilities of the Co-PIs and co-applicants

Please describe the roles and responsibilities of the Co-PIs and co-applicants in this proposed study/research project. How much time is allocated for each of the Co-PIs and co-applicants?

# Letters of Collaboration and Support

**Collaborations:** If collaborators who will make significant contributions to the research proposed are not listed as applicants on this application, a signed statement of agreement from each collaborator must be uploaded.

**Support:** Please check provincial requirements. If applicant’s academic appointment is pending, a letter from the dean of the faculty must be appended, indicating when the appointment is expected to take effect.

Do not append letters in general support of the research.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Letter 1** | **Letter 2** | **Letter 3** |
|  |  |  |
| **Position Held** |  |  |  |
| **Institution** |  |  |  |
| **Support or Collaboration** |  |  |  |

# Scientific, methodological or budgetary overlap with this application: Current funding, pending and in preparation grant submissions.

\*This section must be completed for the principal investigator and the co-principal investigator. Please describe the following for each currently funded grant, grants under submission or in preparation:

1.      Scientific overlap (percent)

2.      Methodological overlap (percent)

3.      Budgetary overlap (please provide dollar amounts rather than percentage overlap)

# Progress Report - not to exceed ONE (1) page

|  |
| --- |
| **You may delete these instructions to use the whole page**  For renewal applicants, summarize progress under current grant and, if applicable, identify the term of your current Lung Association’s grant. New applicants are encouraged to summarize previous work relevant to this application. This section can be used to present preliminary data. **Font and margin restrictions used for the “Details for the grant proposal” apply.**  **Materials in excess of the above will be at the discretion of the Lung Association to either to decline to send the excess material to the reviewers or to decline the application.** |

# Response to the comments from the reviewers - not to exceed ONE (1) page

|  |
| --- |
| **You may delete these instructions to use the whole page**  This section is for applicants re-submitting an application from a previous National Grant Review competition to reply the comments from the reviewers. **Font and margin restrictions used for the “Details for the grant proposal” apply.**  **Materials in excess of the above will be at the discretion of the Lung Association to either to decline to send the excess material to the reviewers or to decline the application.** |

# Ethical and Safety Considerations

Has ethics approval been received (upload) or applied for? **For BC and AB& NWT applicants,** **if not received by the application deadline of Friday, December 7, 2018 then approval must be received at your provincial Lung Association office before funds will be released.**

* 1. **Animal Research**

Enclose a statement signed by the applicant and the department head that research protocol and the care of the animals conforms to the Guiding Principles for Animal Experimentation as enunciated by the Canadian Council on Animal Care.

Form included  Form to be sent  Not applicable

* 1. **Human Research**

Enclose a statement signed by the applicant and the department head that the proposed research will be reviewed in a manner which conforms with the guidelines as outlined in the Tri-Council Policy Statement: Ethical Conduct for Research Involving Human and/or ‘Human Pluripotent Stem Cell Research: Guidelines for CIHR-Funded Research’, and that the proposed research will not be undertaken until it has been accepted as ethical by such a review.

Does this research involve any:

Human subjects  Form included  Form to be sent

Human pluripotent stem cells  Form included

Not applicable

* 1. **Biological and Chemical Hazards**

Enclose a statement signed by the applicant and the department head that the proposed research will be reviewed in a manner which conforms with the guidelines as outlined in the Health Canada “Laboratory Biosafety Guidelines” and that the proposed research will not be undertaken until it has been accepted as meeting the requirements regarding biological and chemical hazards by such a review.

Form included  Form to be sent  Not applicable

# Institution Signatures (All must be present for application to be considered complete):

By signing the page, the institution in which the proposed research will be done will indemnify and save harmless The 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 Lung Association by reason of or arising out of the funding of the proposed research.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Department Head | Signature | Date |
|  |  |  |
| Dean or Executive Officer | Signature | Date |
| Institution: | | |

# Applicant (s) Signatures

* 1. **Principal Investigator / Co-Principal Investigator**

By signing below, the applicant(s) agrees to abide by the Ethical and Safety Considerations statements (item 11) and all policies and regulations governing the award, if granted. The applicant’s signature also authorizes the institution to provide The Lung Association with personal information as required in the application of these policies and regulations, and confirms that the applicant is not currently barred from applying to The Lung Association or any other research funding organization (e.g. CIHR, NSERC, SSHRC, provincial funding organizations) for reasons of breach of standards of ethics or integrity (i.e. financial or scientific misconduct).

Successful grant applicants and the institution in which the proposed research will be done will indemnify and save harmless The 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 Lung Association by reason of or arising out of the funding of the proposed research.

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

* 1. **Co-applicants**

List each co-applicant on whose behalf the application is being made. Print additional pages if necessary. It is agreed that the policies and regulations governing the award apply to any grant made pursuant to this application and are hereby accepted by the applicant(s).

**Not applicable**

Co-applicant 1

|  |  |
| --- | --- |
| **Name** |  |
| **Role** |  |
| **Institution** |  |
| **Department** |  |

Signature Date

Co-applicant 2

|  |  |
| --- | --- |
| **Name** |  |
| **Role** |  |
| **Institution** |  |
| **Department** |  |

Signature Date

Co-applicant 3

|  |  |
| --- | --- |
| **Name** |  |
| **Role** |  |
| **Institution** |  |
| **Department** |  |

Signature Date

Co-applicant 4

|  |  |
| --- | --- |
| **Name** |  |
| **Role** |  |
| **Institution** |  |
| **Department** |  |

Signature Date

# Summary of Funds Requested\*

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Salaries   Position/Type (list all personnel) | | **2019/2020** | **2020/2021**  **(BC 2 year grant applicants only)** |
|  | Salary | **$** | **$** |
| Benefits | **$** | **$** |
|  | Salary | **$** | **$** |
| Benefits | **$** | **$** |
|  | Salary | **$** | **$** |
| Benefits | **$** | **$** |
|  | Salary | **$** | **$** |
| Benefits | **$** | **$** |
|  | Salary | **$** | **$** |
| Benefits | **$** | **$** |
| **Total** | Salary | **$** | **$** |
| Benefits | **$** | **$** |
| **Note : if more than 5 positions, list on additional sheet & include in total** | | | |
| 1. Equipment   **(if over $1,000 please describe in justification pages)** | | **$** | **$** |
| 1. Experimental animals | | **$** | **$** |
| 1. Materials and supplies | | **$** | **$** |
| 1. Other (specify) | | **$** | **$** |
| 1. Service contract | | **$** | **$** |
| 1. Travel (travel costs for meeting attendance is an ineligible budget item – please see guidelines) | | **$** | **$** |
| 1. Publication costs (up to $2000) | | **$** | **$** |
|  | |  |  |
| **Total Requested** | | **$** | **$** |
| 1. Financial contribution from other sources (if applicable) | | **$** | **$** |

**Budget Justification:**

Indicate the number of budget justification pages attached (not including this page)

**All requested budget categories must be well justified on separate sheets numbered 13a), 13b), etc**. If you have applied for a 2 year grant please provide a budget justification for year 1 and 2. Failure to provide appropriate justification could result in budget cuts that could adversely affect the final budget awarded for the project.

\*The Lung Association-funded research and training grants do not provide for institutional overheads and/or indirect costs of research or clinical care.

**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).

**14. Suggested reviewers**

Please provide the names and contact information for three suggested external reviewers in case external reviews are necessary. Do not include persons with whom the applicant(s) has/have collaborated in the previous three years. Suggested reviewers should not be from the same institution as the principal investigator.

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

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

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

# 15. Common CV

For the principal investigator, all co-principal investigators (if applicable) listed on page 1, and co-applicants (who are critical to the proposal), please upload a printed or PDF copy of the **Academic version of the Common CV form (as used for CIHR)**. Only list your publications from the past **FIVE (5)** years.