Breathing as One: Allied Health Research Grant Application Form

Please complete this form using 12 point font in single-space format, unless otherwise indicated. This form and the “Guidelines and Instructions for Research Grant Applications can be downloaded from the Lung Association website www.lung.ca. Please follow the guidelines to complete the form. If guidelines are not followed applications may not be considered. Applications must meet the criteria identified in the Guidelines to be accepted for review.

Upload one (1) electronic copy of the application to: <https://form.simplesurvey.com/f/l/bao-allied-health-grant-competition-2017> by **FEBRUARY 28, 2018 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 #:** |  |

**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 that will administer funds**: |  |

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 **February 28th** then evidence of approval must be received at the CLA office no later than **MAY 1.**

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. **Do not exceed** **one single-spaced page** using 1-inch margins and Arial font size 12.

# 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 (5) tables, typed size 12 font with 1-inch margins. Please refer *Guidelines and Instructions for Research Grant Applications.*

1. **Budget**

All items on the budget **must** be justified. Please attach justification (maximum 2 pages). 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:**

\*Normally, a maximum of $3,000 may be included in the budget for knowledge translation/dissemination.

# 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 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** |  |