

**The Canadian Respiratory Research Network (CRRN)**

**Grant Funding Application Form 2016**

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| The Canadian Respiratory Research Network (CRRN) is offering grant project funding to the medical and scientific community. Complete guideline information is available at [www.respiratoryresearchnetwork.ca](http://www.respiratoryresearchnetwork.ca) |
| 1. Project Title |
| 2a. Name of Nominated Principal Applicant (Underline Surname) | 2b. Position, department and/or faculty of nominated principal applicant |
| 3a. Name of Co-applicant(s)  (Underline Surname) | 3b. Position, department and/or faculty of co-applicant(s)  |
| 4. Mailing address of Nominated Principal Applicant  Telephone: Fax number: E-mail:  |
| 5a. Citizenship of Nominated Principal Applicant  | 5b. Status in Canada (if other than citizen) |
| 6a. Is the Nominated Principal Applicant a member of the Canadian Respiratory Research Network (CRRN)? Yes [ ]  No [ ]  |
| 7. Name of the payee institution (University, Hospital, Research Centre) and the address of the grant administration office to which the funds will be sent, should this award be granted: |
| For the following sections 8 to 11, use Times New Roman or Arial font, size 11 points or larger.  Use at least 0.75 inch margins (top, bottom, left, and right) for all pages. The section name and the name of the nominated principal applicant should appear in the header.8. Attach a **Summary of the Research Proposal**. Highlight the hypotheses and objectives of the research proposal, the methodologies and the expected outcomes of the proposed research project. Maximum length: **1 page.** |
| 9. Attach the **Research Proposal**. Suggested headings include 1) Statement of Objective(s), 2) Recent relevant research by applicants, 3) Brief review of literature and background information, 4) Hypothesis(es), 5) Design and Methodology, 6) Analysis of Data, 7) Anticipated Timeline, and 8) Impact, Future research plans and Knowledge Translation. Maximum length: **7 pages**. References are not included in the 7 page limit; 1(one) additional page may be used for figures and/or tables. Letters of support, if required, can be attached.  |
| 10. Attach a **description of how this proposal will interact and intersect with CRRN platforms and investigators.** Maximum length: **1 page.**  |
| 11. Attach a **detailed budget and budget justification** (maximum budget $212,000) Maximum length: **2 pages.** |
| 12. Attach **CIHR Academic Funding Common CV for the Nominated Principal Applicant and all Co-Applicants** |

**SIGNATURES:**

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| A. I certify that the information in this application is complete and true and I will provide supporting evidence where required. Name of nominated principal applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of nominated principal applicant: Date: |
| B. Will the project require the use of: Human subjects Yes ❒ No ❒ Animals Yes ❒ No ❒ Biohazardous materials Yes ❒ No ❒If yes to any of the above, the sponsoring institution shall provide the appropriate documentation granting approval to the applicant’s project for use of any of the above. **Please note that should an award be granted, funding is conditional upon receipt of all applicable documentation relating to human subjects, animals or biohazardous materials.**  |
| C. We, the undersigned, sponsor the above nominated principal applicant for CRRN Grant Funding: It is agreed that the general terms and conditions governing this award as outlined in the Guidelines and Instructions are hereby accepted by the sponsoring institution. It is understood that the Ottawa Hospital Research Institute will provide financial administration for the research funds on behalf of the CRRN and will disburse research funding to the selected recipient(s). The nominated principal applicant will be provided with adequate space and access to appropriate research facilities by the sponsoring institution if the nominated principal applicant is approved. Name and Title of Department Chair/Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Department Chair/Head Date  **Name of Sponsoring Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Name of Authorized Official:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Authorized Official Date |
| D. **Address for Submissions**Please send completed submissions electronically, no later than December 1, 2016 to:Katherine Vandemheen, RN, MScNCRRN Admin Director of Research kvandemheen@ohri.ca  |