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| **RESEARCH OPERATING GRANT - PROJECT****Program Information** |
| **Program Title** |  |
| **Principal Applicant** | Name: |  |
|  | Position: |  |
|  | Affiliation: |  |
|  | Email: |  |
|  | Telephone: |  |
| **Total Requested** | $ |
| **Disease Site Group** | [ ]  Brain [ ]  Breast[ ]  Bladder [ ]  Colorectal [ ]  Esophagus [ ]  Gastric [ ]  Gynecologic[ ]  Hepatic[ ]  Head and Neck [ ]  Leukemia/Lymphoma [ ]  Lung [ ]  Melanoma[ ]  Mesothelioma[ ]  Non-Malignant Hematology [ ]  Non-melanoma skin cancer[ ]  Pancreas[ ]  Prostate[ ]  Renal [ ]  Sarcoma[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  All cancers**Total** |  % % % % % % % % % % % % % % % % % % % % % % | **Impacted Patients** | ***Gender***[ ]  Male [ ]  Female **Total*****Age***[ ]  Pediatric [ ]  AYA[ ]  Adult [ ]  Elderly **Total*****Socioeconomic***[ ]  Underserved |  % % % % % % % %­ % |

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| **Lay Summary**  |
| **Provide a lay summary of your proposal in simple, easy to understand, non-technical language. Use plain language as you would describe to a grade 8 student. Choose short words and clear sentences.** |
| Maximum 200 words, 11pt Calibri font |
|  |
| **Abstract**  |
| **Provide a clear summary of the proposal for a general scientific/clinical audience.** |
| Maximum 200 words max, 11pt Calibri font |
|  |
| **Budget Summary**  |
|  | Year 1 | Year 2 |  |
| Salaries  | $  | $  |  |
| Direct Costs | $ | $ |  |
| Equipment | $ | $ |  |
| **Total CCMF Request** | **$** | **$** |  |
|  |  |  |  |
|  |  |  |  |
| TOTAL BUDGET | $ | $ |  |

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| **Co-Applicants** |
| ***Add or remove fields as needed. Please note: Co-applicants identified on the Letter of Intent (LOI) MUST be identical. Do not include Collaborators.***  |
|  |  |  |
| **Co-Applicant** | Name: |  |
|  | Position |  |
|  | Affiliation: |  |
|  | Email: |  |
|  | Discipline:  |  |
|  |  |  |
| **Co-Applicant** | Name: |  |
|  | Position: |  |
|  | Affiliation: |  |
|  | Email: |  |
|  | Discipline:  |  |
|  |  |  |
| **Co-Applicant** | Name: |  |
|  | Position: |  |
|  | Affiliation: |  |
|  | Email: |  |
|  | Discipline:  |  |
|  |  |  |
| **Co-Applicant** | Name: |  |
|  | Position |  |
|  | Affiliation: |  |
|  | Email: |  |
|  | Discipline:  |  |
|  |  |  |
| **Co-Applicant** | Name: |  |
|  | Position |  |
|  | Affiliation: |  |
|  | Email: |  |
|  | Discipline:  |  |

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| **Applicant Team** |
| **Describe the contribution of each investigator to the project**Maximum 1 page, 11pt Calibri font, 2cm margins |

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| **Proposal** |
| **Attach the proposal using the following guidelines** |

**Document Format**

* Use the “Research Operating Grant-Project Proposal Template” word document
* US Letter, top margin 2.5cm, side and bottom margins 2cm
* Header: Surname of Principal Applicant, Project Title, “Research Operating Grant-Project”
* Footer: “CCMF 2022-2023”, page number bottom right
* Font: Times New Roman 12pt, black, single spaced
* Attach as a single file in PDF format, Maximum size 12Mb

**Research Proposal Format**

* Proposal narrative: Maximum 6 pages, including figures and tables. No additional figure attachments are permitted.
* References: Maximum 2 pages
* Proposal narrative headings:

Background

Hypothesis and Specific Aims

Research Plan

Expected Outcomes

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| **Detailed Budget** |
| **Provide a detailed budget, round to the nearest dollar. Maximum $75,000 per year for 2 years.**Attach quotes for equipment |
| ***Add or remove rows as needed*** |
| **Salaries (FTE)** | ***Request Year 1*** | ***Request Year 2*** |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
| **Total** | $ | $ |  |
|  |  |  |  |
| **Direct Costs** | ***Request Year 1*** | ***Request Year 2*** |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
| **Total** | $ | $ |  |
|  |  |  |  |
| **Equipment** (<$10,000 per item) | ***Request Year 1*** | ***Request Year 2*** |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
| **Total** | $ | $ |  |

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| **Justification of Budget** |
| **Provide a justification under the following headings:***1. Salaries: Explain the role of each member of the team in the project**2. Direct costs: Briefly explain the purpose of the request**3. Equipment: Explain why the equipment is needed for the project*Maximum 2 pages, 11pt Calibri font, 2cm margins |

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| **Principal Applicant Biographical Sketch** |
|  |
| **NAME** | **POSITION TITLE** |
| EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)* |
| **INSTITUTION AND LOCATION** | **DEGREE*****(if applicable)*** | **YEAR** | **FIELD OF STUDY** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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**PERSONAL STATEMENT**

200 words max, Calibri 11pt

Briefly describe why you are well-suited for your role(s) in this project. Relevant factors may include: aspects of your training; your previous experimental work on this specific topic or related topics; your technical expertise; your collaborators or scientific environment; and/or your past performance in this or related fields. **You may cite up to four publications or research products that highlight your experience and qualifications for this project.**

**CONTRIBUTION TO SCIENCE**

Briefly describe up to **five** of your most significant contributions to science. The description of each contribution should be no longer than one half page, including citations. **For each contribution, you may cite up to four publications or research products that are relevant to the contribution.**

For each contribution, indicate the following:

• the historical background that frames the scientific problem;

• the central finding(s);

• the influence of the finding(s) on the progress of science or the application of those finding(s) to

 health or technology; and

• your specific role in the described work.

For grants under consideration from other agencies, provide a plan for resolving any potential overlap. Maximum 2 pages, 11pt Calibri font, 2cm margins

**PEER-REVIEWED GRANT FUNDING (last 5 years)**

List in chronological order, oldest to most recent, Calibri 11pt, using the following format. Only include grants awarded or submitted. Use the following format.

***Add or remove fields as needed***

**Awarded**

|  |  |
| --- | --- |
| **Title:** |  |
| **Agency:** |  | **Role:** |  |
| **Program Name:** |  | **Funded Period:** |  |
| **Total Funding:** |  | **Overlap:** |  |
|  |  |  |  |
| **Title:** |  |
| **Agency:** |  | **Role:** |  |
| **Program Name:** |  | **Funded Period:** |  |
| **Total Funding:** |  | **Overlap:** |  |
|  |  |  |  |
| **Title:** |  |
| **Agency:** |  | **Role:** |  |
| **Program Name:** |  | **Funded Period:** |  |
| **Total Funding:** |  | **Overlap:** |  |
|  |  |
| **Title:** |  |
| **Agency:** |  | **Role:** |  |
| **Program Name:** |  | **Funded Period:** |  |
| **Total Funding:** |  | **Overlap:** |  |
|  |  |
| **Title:** |  |
| **Agency:** |  | **Role:** |  |
| **Program Name:** |  | **Funded Period:** |  |
| **Total Funding:** |  | **Overlap:** |  |
|  |  |
| **Title:** |  |
| **Agency:** |  | **Role:** |  |
| **Program Name:** |  | **Funded Period:** |  |
| **Total Funding:** |  | **Overlap:** |  |

**Funding Applications Under Review**

|  |  |
| --- | --- |
| **Title:** |  |
| **Agency:** |  | **Role:** |  |
| **Program Name:** |  | **Funded Period:** |  |
| **Total Funding:** |  | **Overlap:** |  |
|  |  |  |  |
| **Title:** |  |
| **Agency:** |  | **Role:** |  |
| **Program Name:** |  | **Funded Period:** |  |
| **Total Funding:** |  | **Overlap:** |  |
|  |  |  |  |
| **Title:** |  |
| **Agency:** |  | **Role:** |  |
| **Program Name:** |  | **Funded Period:** |  |
| **Total Funding:** |  | **Overlap:** |  |

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| **Co-Applicant Biographical Sketch** |
| ***Add additional sketches needed*** |
|  |
| **NAME** | **POSITION TITLE** |
| EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)* |
| **INSTITUTION AND LOCATION** | **DEGREE*****(if applicable)*** | **YEAR** | **FIELD OF STUDY** |
|  |  |  |  |
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**PERSONAL STATEMENT**

200 words max, Calibri 11pt

Briefly describe why you are well-suited for your role(s) in this project. Relevant factors may include: aspects of your training; your previous experimental work on this specific topic or related topics; your technical expertise; your collaborators or scientific environment; and/or your past performance in this or related fields. **You may cite up to four publications or research products that highlight your experience and qualifications for this project.**

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For each contribution, indicate the following:

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• the central finding(s);

• the influence of the finding(s) on the progress of science or the application of those finding(s) to

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• your specific role in the described work.

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***Add or remove fields as needed***

**Awarded**

|  |  |
| --- | --- |
| **Title:** |  |
| **Agency:** |  | **Role:** |  |
| **Program Name:** |  | **Funded Period:** |  |
| **Total Funding:** |  | **Overlap:** |  |
|  |  |  |  |
| **Title:** |  |
| **Agency:** |  | **Role:** |  |
| **Program Name:** |  | **Funded Period:** |  |
| **Total Funding:** |  | **Overlap:** |  |
|  |  |  |  |
| **Title:** |  |
| **Agency:** |  | **Role:** |  |
| **Program Name:** |  | **Funded Period:** |  |
| **Total Funding:** |  | **Overlap:** |  |
|  |  |
| **Title:** |  |
| **Agency:** |  | **Role:** |  |
| **Program Name:** |  | **Funded Period:** |  |
| **Total Funding:** |  | **Overlap:** |  |
|  |  |
| **Title:** |  |
| **Agency:** |  | **Role:** |  |
| **Program Name:** |  | **Funded Period:** |  |
| **Total Funding:** |  | **Overlap:** |  |
|  |  |
| **Title:** |  |
| **Agency:** |  | **Role:** |  |
| **Program Name:** |  | **Funded Period:** |  |
| **Total Funding:** |  | **Overlap:** |  |

**Funding Applications Under Review**

|  |  |
| --- | --- |
| **Title:** |  |
| **Agency:** |  | **Role:** |  |
| **Program Name:** |  | **Funded Period:** |  |
| **Total Funding:** |  | **Overlap:** |  |
|  |  |  |  |
| **Title:** |  |
| **Agency:** |  | **Role:** |  |
| **Program Name:** |  | **Funded Period:** |  |
| **Total Funding:** |  | **Overlap:** |  |
|  |  |  |  |
| **Title:** |  |
| **Agency:** |  | **Role:** |  |
| **Program Name:** |  | **Funded Period:** |  |
| **Total Funding:** |  | **Overlap:** |  |

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| **External Reviewers** |
| **Suggest a minimum of three external reviewers.** These reviewers should be knowledgeable in your field of research and MUST be from out of province. They should not be current or former collaborators nor former supervisors, students or postdoctoral fellows. **Refer to page 3 of the research operating guidelines.** |
|  |  |  |
| **Reviewer 1** | Name: |  |
|  | Position: |  |
|  | Affiliation: |  |
|  | Email: |  |
|  | Discipline:  |  |
|  |  |  |
| **Reviewer 2** | Name: |  |
|  | Position: |  |
|  | Affiliation: |  |
|  | Email: |  |
|  | Discipline:  |  |
|  |  |  |
| **Reviewer 3** | Name: |  |
|  | Position: |  |
|  | Affiliation: |  |
|  | Email: |  |
|  | Discipline:  |  |
|  |  |  |
| **Reviewer 4** | Name: |  |
|  | Position: |  |
|  | Affiliation: |  |
|  | Email: |  |
|  | Discipline:  |  |
|  |  |  |
| **Reviewer 5** | Name: |  |
|  | Position: |  |
|  | Affiliation: |  |
|  | Email: |  |
|  | Discipline:  |  |

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| **External Reviewers** |
| **List up to three external reviewers you DO NOT want to adjudicate your proposal.**  |
|  |  |  |
| **Reviewer 1** | Name: |  |
|  | Position: |  |
|  | Affiliation: |  |
|  |  |  |
| **Reviewer 2** | Name: |  |
|  | Position: |  |
|  | Affiliation: |  |
|  |  |  |
| **Reviewer 3** | Name: |  |
|  | Position: |  |
|  | Affiliation:  |  |

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| **Signatures** |
| **The undersigned guarantees the CancerCare Manitoba Foundation Grant Guidelines will be followed and the funds will only be used for the purpose specified.** |
|  |  |  |
| **PRINCIPAL INVESTIGATOR** |  | Date: |
|  |  |  |
| **CCMR DIRECTOR**Dr. Neil Watkins |  | Date: |

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| **Approval Requirements** |
| **If the grant is awarded, the necessary certification requirements must be met in accordance with policies on ethical conduct of research.** ***Check all that apply***[ ]  Biohazards [ ]  CCMB operational impact[ ]  Environmental impact[ ]  Human pluripotent stem cells[ ]  Human subjects [ ]  Human trials of therapeutics or medical devices [ ]  Vertebrate animals |

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| **Attachments** |
| [ ]  Research Proposal [ ]  Equipment quotes |