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| **RESEARCH OPERATING GRANT - MULTIDISCIPLINARY TEAM**  **Program Information** | | | | | | | |
| **Program Title** | |  | | | | | |
| **Principal Applicant** | | Name: |  | | | | |
|  | | Position: |  | | | | |
|  | | Affiliation: |  | | | | |
|  | | Email: |  | | | | |
|  | | Telephone: |  | | | | |
|  | | Discipline: |  | | | | |
| **Total Funding 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | %  %  %  %  %  %  %  %  %  %  %  %  %  %  %  %  %  %  %  \_\_\_ % | **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 (should be copied from the Letter of Interest).** | | | |
| Maximum 200 words max, 11pt Calibri font | | | |
|  | | | |
| **Budget Summary** | | | |
|  | Year 1 | Year 2 | Year 3 |
| 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 MUST be listed below. For each co-applicant identify their discipline: preclinical; translational; clinical;***  ***health services, implementation, epidemiology or patient experience.***  ***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: |  |

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| **Applicant Team** |
| **Describe the contribution of each investigator to the project, including the discipline that they represent, and their contributions to the specific aims of the project that fulfill the requirements of a Multidisciplinary Team Grant.**  Maximum 2 pages, 11pt Calibri font, 2cm margins |

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

**Document Format**

* Use the “Research Operating Grant – Multidisciplinary Team Grant 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- Multidisciplinary Team”
* Footer: “CCMF 2023-2024”, 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 10 pages, including figures and tables. No additional figure/table/document attachments are permitted.
* References: no page limit, and not included in the above page limit.
* Recommended proposal narrative headings:

Background

Hypothesis and Specific Aims

Research Plan

Expected Outcomes

|  |  |  |  |
| --- | --- | --- | --- |
| **Provide a detailed budget, round to the nearest dollar. Maximum $150,000 per year for 3 years.**  Attach quote(s) for each piece of equipment with a value exceeding $2000. | | | |
| ***Add or remove rows as needed*** | | | |
| **Salaries (FTE)** | ***Request Year 1*** | ***Request Year 2*** | ***Request Year 3*** |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **Total** | $ | $ | $ |
|  |  |  |  |
| **Direct Costs** | ***Request Year 1*** | ***Request Year 2*** | ***Request Year 3*** |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **Total** | $ | $ | $ |
|  |  |  |  |
| **Equipment** (<$10,000 per item) | ***Request Year 1*** | ***Request Year 2*** | ***Request Year 3*** |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **Total** | $ | $ | $ |

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| **Detailed Budget** |

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| **Budget Justification** |
| **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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.**

**PUBLICATIONS (last 5 years)**

List in reverse chronological order, starting with most recent.

**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 reverse chronological order, starting with most recent, using the following format. Only include grants awarded or under review.

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

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| **Co-Applicant Biographical Sketch** | | | | |
| *(Add additional biographical sketches for each Co-Applicant including Education/Training, Personal Statement, Publications and Grant Funding (Awarded and Under Review).*  Publications and Grant Funding (Awarded and Under Review). | | | | |
|  | | | | |
| **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.**

**PUBLICATIONS (last 5 years)**

List in reverse chronological order, starting with most recent.

**GRANT FUNDING (last 5 years)**

List in reverse chronological order, starting with most recent, using the following format. Only include grants awarded or under review.

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

**Awarded**

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

**Funding Applications Under Review**

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

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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 |

|  |  |  |
| --- | --- | --- |
| **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: |
|  |  |  |
| **CO-APPLICANT** |  | Date: |
| **CO-APPLICANT** |  | Date: |
| **CO-APPLICANT** |  | Date: |
| **CO-APPLICANT** |  | Date: |

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| **Attachments** |
| Research Proposal  Quotes for equipment |