|  |
| --- |
| **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 |  % % % % % % % %­ % |

|  |
| --- |
| **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 | $ | $ | $ |

|  |
| --- |
| **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:  |  |

|  |
| --- |
| **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 |

|  |
| --- |
| **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** | $ | $ | $ |

|  |
| --- |
| **Detailed Budget** |

|  |
| --- |
| **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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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:** |  |
|  |  |  |  |
| **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:** |  |

|  |
| --- |
| **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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

|  |
| --- |
| **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: |

|  |
| --- |
| **Attachments** |
| [ ]  Research Proposal [ ]  Quotes for equipment |