**2017 Health Sciences Internal Grant Competition**

**APPLICATION FORM**

**Application Deadline: January 18, 2017**

**Principal Applicant:**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name  Click here to enter text. | First Name  Click here to enter text. | Position/Rank  Click here to enter text. | |
| Department  Click here to enter text. | | Phone #  Click here to enter text. | Email Address  Click here to enter text. |

**Co-Applicants**: List names, departments and roles of co-principal applicants (if applicable) and co-applicants. Do not list research associates, students or other staff/personnel for this study.

|  |  |  |
| --- | --- | --- |
| **Name** | **Department** | **Role** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Source of Funds Requested:**

|  |
| --- |
| Using the drop down list below, select the fund you are applying for.  Refer to “2017 Internal Grants Available and Review Process.docx” for available funds in this competition. |
| Click on Down Arrow for Options  Use this same selection for the “Program” in your TRAQ DSS FORM application. |

**Project Information:**

|  |
| --- |
| Short title of proposed research project:  Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Budget Summary:** | | **Amount** |
| a) | Personnel  Clerical/Administrative |  |
|  | Research Staff/Assistants |  |
|  | Students/Residents/Trainees |  |
|  | Other (specify on Page 2) |  |
| b) | Equipment |  |
| c) | Supplies and materials |  |
| d) | Animals and care |  |
| e) | Clinical research costs |  |
| f) | Other (specify on Page 2) |  |
| **TOTAL Grant Request** | |  |

Provide complete budget details on next page.

|  |
| --- |
| The 5-digit TRAQ DSS FORM reference number for this application is: |

The personal information on this form is collected under the authority of the Queen’s Royal Charter of 1841, as amended, and will become part of the records held at the Queen’s University Faculty of Health Sciences (FHS) Research office, the University Hospitals Kingston Foundation (UHKF), and the FHS financial office or KGH Research Institute as applicable. The application form will be provided to the reviewers of the competition, and the application will be used for the financial administration of your research program if successful. Information collected may also be used in internal reports of the university, the UHKF, and/or hospital research institute. Information used for external reports will be anonymized and/or limited to information already in the public domain. If you have any questions or concerns about the information collected please contact the FHS Research office by email ([Gladys.Smith@queensu.ca](mailto:Gladys.Smith@queensu.ca)) or phone (613-533-6627).

|  |
| --- |
| **Budget Detail:** Complete the details as applicable for your application. Limit this Budget Detail section to one page.  Personnel: Provide the # of personnel in each category, the monthly salary, period of employment. If known, provide the names and qualifications of personnel. An estimate of 30% of full-time support staff salaries should likely cover University fringe benefits or an estimate of 25% of full-time support staff salaries should likely cover KGH fringe benefits in most cases. Researchers should call into their appropriate HR Department as these values are only estimates and the percentages may vary if research personnel have pensions.  Click here to enter text.  Equipment: Provide details of equipment requests, including a recent dated quotation from the supplier. A major equipment item is considered to be one costing $1,000 or more.  Click here to enter text.  Supplies: Provide details of supplies requested for the study.  Click here to enter text.  Laboratory Animals: Provide details of laboratory animal care requirements.  Click here to enter text.  Clinical Research Costs: Provide details of clinical research costs.  Click here to enter text.  Other: Provide details of other costs if not specified elsewhere. NOTE: Travel and conference costs are not permitted.  Click here to enter text.  NOTE: If your application is a request for supplementary funds, you must clearly indicate why the funds approved by the granting agency are considered to be inadequate. Applicants are expected to seek external support. If you have not done so, please provide a full explanation.  Click here to enter text. |

|  |
| --- |
| **Grant Application**:  Restrict this section to three pages excluding references. An appendix of up to three pages may be attached to provide essential figures/tables and/or description of key methods. *This is the only appendix allowed in the application.*   1. **Brief description of the proposed research project**.   Click here to enter text.   1. **Relevant background literature/current state of knowledge with key references.**   Click here to enter text.   1. **Research rationale, research hypothesis(es) and objectives.**   Click here to enter text.   1. **Experimental approach/research plan involving experimental design and number of participants, methods and procedures, and statistical analysis.**   Click here to enter text.   1. **State the significance/relevance of your proposed project to the health research problem that is being addressed.**   Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Research Approvals Required:** | | **Yes** | **No** |
| 1. | Are Animals to be used? |  |  |
|  | If YES, is the appropriate approval in place or pending |  |  |
|  | Indicate the Animal Care Committee Protocol # |  |  |
| 2. | Is the research involving biohazardous material? |  |  |
|  | If YES, have you the appropriate approval for project and lab? |  |  |
|  | Indicate the Permit # |  |  |
| 3. | Does this research involve human participants? |  |  |
|  | If YES, have you the appropriate approval from the Queen’s University Health Sciences and Affiliated Teaching Hospital’s Research Ethics Board (REB)? |  |  |
|  | Indicate the REB Approval #: |  |  |
| 4. | Will Hospital facilities (i.e. laboratories, imaging, medical records, diagnostic lab, pharmacy, etc.) be required for standard of care and/or to do extra work because of this study? |  |  |
|  | If YES, include charges in the Budget Detail sections (page 2); ensure the “Hospital Departmental Impact & Information form” is completed and uploaded to your TRAQ DSS FORM; and, ensure you have identified all relevant Hospital Operational Directors (HODs) under the “Approvals Tab” in your TRAQ DSS FORM. |  |  |

|  |
| --- |
| **Personal Data:**  Attach a current, abbreviated cv (maximum five pages) which includes:   1. degrees 2. positions held at Queen’s University and Kingston General Hospital 3. academic research experience over the past five years 4. names, amounts, funding period, agency and your role of grants and contracts held, previously held, and applied for/pending, from internal (university and hospital sources), and external agencies, over the past five years.   Add to your abbreviated cv (in addition to the five page limit above)   1. list of papers published in peer-reviewed journals during the past five years (full citation, including authors, titles, journal, volume, page limits and year). 2. list of abstracts, theses, books and other publications during the past five years   **Publications:**  Report the total number of papers of which you are author or co-author, published to date in peer-reviewed journals.    **Patents:**  Provide details of patents held.  Click here to enter text. |

**Submission Instructions:**

|  |  |
| --- | --- |
|  | Complete this application form by filling in all applicable fields. Note page limits where specified. |
|  | Include additional budgetary information (eg: quotes for equipment) IF APPLICABLE. |
|  | Append a document, up to three pages, providing essential figures/tables and/or description of key methods for your application IF APPLICABLE. |
|  | Include Personal Data/your abbreviated cv (five pages), plus list of publications for past five years. |
|  | Create a TRAQ DSS FORM application and complete all applicable fields of information: Record the 5-digit TRAQ DSS FORM reference # on the first page of the application form. *Ensure you select the appropriate “Agency” and “Program” for funding in your TRAQ DSS FORM, to match the “Source of Funds Requested” in this application.* |
|  | Combine the application documents, in order, into one pdf document. Title your document starting with your last name and initial, and other meaningful information (eg: SmithG-BCAK 2016.pdf) |
|  | Upload the application/pdf to your TRAQ DSS FORM (go to the “Attachment” tab to upload the document) to facilitate the review of the application and if successful, the administration of the grant. If applicable, upload the “Hospital Departmental Impact and Information form” |
|  | Email the pdf of the application (not the TRAQ DSS FORM) to Gladys Smith ([Gladys.Smith@queensu.ca](mailto:Gladys.Smith@queensu.ca)) by the due date: January 18, 2017. |