Canadian Lung Association:

Allied Health Research Grant Application Form

This form and the guidelines and instructions for Research Grant Applications can be downloaded from the Lung Association website <http://www.lung.ca/lung-research/apply-funding>. Please follow the guidelines to complete the form. If guidelines are not followed applications will not be considered. Applications must meet the criteria identified in the guidelines to be accepted for review.

1. Applicants must register at: <https://www.surveymonkey.com/r/2023AHGrant> by **April 5, 2023 by 16:00 EDT**. Applicants are required to provide the names of the Principal Investigator, Co-Principal Investigator, co-investigator(s), supervisor(s), three (3) suggested reviewers, the project title, keywords, and a maximum (one) 1 page abstract of your research project. The Lung Association will confirm receipt of your registration via e-mail on April 6.
2. Upload one (1) electronic copy of the application to: <https://www.surveymonkey.com/r/2023AHGrant> by **April 26, 2023 by 16:00 EDT**. The electronic copy must include a completed copy of the application form with signatures and all the relevant documents. The Lung Association will confirm receipt of your application via e-mail on April 27. Please ensure that your e-mail address is included on page 1 of the application.

**Principal Investigator/Principal Applicant:**

|  |  |
| --- | --- |
| **Name:** |       |
| **Position:** |       |
| **Appointment Held:** |       |
| **E-mail:** |       |
| **Telephone #:** |       |
| **Gender (*Optional*)** |  |
| **Do you consider yourself a member of a racialized community?****(*Optional*)** | **YES** ☐  | **NO** ☐ |

**C0-Principal Investigator/Co-Principal Applicant:**

|  |  |
| --- | --- |
| **Name:** |       |
| **Position:** |       |
| **Appointment Held:** |       |
| **E-mail:** |       |
| **Telephone #:** |       |

**Co-Investigator(s)/Co-Applicant(s):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Position:** |       |
| **Name:** |       | **Position:** |       |
| **Name:** |       | **Position:** |       |

*Continue on a separate sheet, if necessary.*

**Thesis Committee and Supervisor, if applicable**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Position:** |       |
| **Name:** |       | **Position:** |       |

1. **PROJECT INFORMATION**

|  |  |
| --- | --- |
| **Title of Study:** |       |

|  |  |
| --- | --- |
| **Keywords (max. 5)** |   |

|  |  |
| --- | --- |
| **Amount requested:** | $      |

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| --- | --- |
| **Institution where the research will be conducted**: |       |

|  |  |
| --- | --- |
| **Canadian Institutes of Health Research 4 Pillars:**Applicants must estimate what proportion of the proposed research falls under the four health research themes.  | Pillar 1 Biomedical : %Pillar 2 Clinical: %Pillar 3 Health Services / Systems: %Pillar 4 Social, Cultural, Environmental and Population Health: % |

1. **FINANCIAL OFFICER**

Please provide the name and contact information of the financial officer who administers research funds at your institution.

|  |  |
| --- | --- |
| **Cheque Payable To:** |       |
| **Financial Officer:**  |       |
| **Title:** |       |
| **Institution:** |       |
| **Mailing Address:** |       |
| **E-mail:** |       |
| **Telephone:** |       |
| ***This information is required in order for funds to be released to your institution*** |

1. **ETHICAL APPROVAL**

Please attach letter of ethics approval to appendix, if available.

☐ Ethics approval attached ☐ Letter to follow ☐ N/A Please explain

1. **SIGNATURES**

|  |
| --- |
| By signing the page, successful applicants and the institution in which the proposed research will be done will indemnify and save harmless the Canadian Lung Association from all actions, claims, suits, demands, liabilities, losses, damages, charges, costs or expenses (including legal fees) which may be imposed upon or incurred by or asserted against the Canadian Lung Association by reason of or arising out of the funding of the proposed research. The general conditions governing the award of a Research Grant apply to any grant pursuant to this application and are hereby accepted by the applicant and the institution, which employs her/him. It also is agreed that any research under this application will conform to the research policies of the applicant's institution/organization. |

|  |  |  |
| --- | --- | --- |
| Signature of Principal Investigator: |  | Date:       |
| **Signature of Co-Principal Investigator (if applicable)** |  | Date:       |
| **Signature of Co- Investigator (if applicable)** |  | Date:       |
| **Signature of Co- Investigator (if applicable)** |  | Date:       |
| Institution Signatures |
| Dean’s Name:       | Signature: | Date:       |
| Head of Department Name:       | Signature: | Date:       |

1. **LAY SUMMARY OF THE PROJECT:**

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| --- |
| The CLA places a high priority on ensuring that the research it funds is relevant to its mission.Using the outline provided below, provide a lay summary of the research proposal in non-scientific, everyday language at a level no greater than Grade 8. Use analogies, simplifications, and generalizations rather than scientific and technical terms. **Applications without a response to each sub-section will be considered incomplete. The Lung Association reserves the right to decline incomplete applications.**This summary will facilitate communications to the public and our donors about the research supported by the Canadian Lung Association. |
| a) Statement of the health problem or issue |
|       |
| b) Objective of your project |
|       |
| c) Describe your research methodology |
|       |
| 1. What is unique / innovative about your project?
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|       |
| 1. A clear and concise description of how the proposed research is relevant to the Lung Association’s mission statement, i.e. how will the outcomes of your project improve the lung health of Canadians.

*The mission of The Lung Association is to lead nationwide and international lung health initiatives, prevent lung disease, help people manage lung disease and promote lung health.* |
|       |

1. **ACCESS TO RESEARCH SITE & SUPPORT**

Describe the research facilities/support available to you in the space below (e.g., equipment, personnel, space). Letters of support indicating access to resources may strengthen your application. Indicate whether or not letters of collaboration are included and attached as an appendix.

Letters of collaboration attached as an appendix: Yes ☐ No ☐ N/A ☐

1. **SCIENTIFIC ABSTRACT**

Summarize the rationale, purpose and research methodology. (Maximum one (1) page, single-spaced, 12-pt Times New Roman font, 1.9cm (0.75”-inch) margins

1. **RESEARCH PROPOSAL**

Provide a clear concise description of the problem, a summary of the current state of knowledge including background literature, relevant work done by yourself and essential references, your research questions or hypotheses, method (sample, setting, design), data analysis plan, relevance to lung health, and a timeline. Do not exceed four (4) pages of text and figures excluding references, single-spaced, 12-pt Times New Roman font with 1.9cm (0.75”) margins. Please refer to the submission guidelines*. (delete these instructions for additional space)*

1. **BUDGET – Maximum request from CLA $10,000**

All items on the budget **must** be justified.

**A) Personnel (Please specify category such as research assistant, consultant etc.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Per**s**onnel** | **# of hrs/week** | **# of weeks** | **Hourly Pay** | **Cost** |
|       |       |       |       |       |
|       |       |       |       |       |
| **Total** |       |

**B) Equipment:**

|  |  |
| --- | --- |
| **Item** | **Cost** |
|       |       |
|       |       |
| **Total** |       |

**C) Materials & Supplies:**

|  |  |
| --- | --- |
| **Item** | **Cost** |
|       |       |
|       |       |
| **Total** |       |

**D) Services:**

|  |  |
| --- | --- |
| **Item** | **Cost** |
|       |       |
|       |       |
| **Total** |       |

**E) Other (travel, costs related to knowledge translation\*):**

|  |  |
| --- | --- |
| **Item** | **Cost** |
|       |       |
|       |       |
| **Total** |       |

**F) Source of matching funds**

|  |  |
| --- | --- |
| **Item** | **Cost** |
|       |       |
|       |       |
| **Total** |       |

**TOTAL REQUESTED:**

\* A maximum of $3,000 may be included in the budget for knowledge translation / dissemination related to this project.

**9a. BUDGET JUSTIFICATION:**

Please attach justification (maximum two (2) pages, single-spaced, 12-pt font, 1.9cm (0.75”) margins). Describe the role of the personnel and the rationale for equipment, materials, supplies and other.

1. **OVERLAP: SCIENTIFIC, METHODOLOGICAL, AND BUDGETARY**

For the principal investigator, co-principal investigator, and co-investigators, as applicable, list current and pending funding as well as applications that are in preparation, and, for each, indicate:

1. Scientific overlap with this application (percent)

2. Methodological overlap with this application (percent)

3. Budgetary overlap with this application (dollar amounts rather than percentage of overlap)

* For budgetary overlap, provide a brief explanation of any financial (not in-kind) contribution from other sources, if applicable. If any of the investigators on the research proposal hold financial (not in-kind) support from other sources or if they are applying for other funding, the application must describe the degree of overlap with the current application. This includes awards funded or applied for from all sources. It should be indicated whether the proposal is being presently funded, applied for, or renewed. All funding sources must be disclosed. During the review process, priority will be given to scientifically excellent research proposals that are not currently funded from other sources.

All funding sources must be disclosed. Use additional pages as required.

Scientific overlap:

Methodological overlap:

Budgetary overlap:

1. **LETTERS OF COLLABORATION**

If collaborators who will make significant contributions to the proposed research are not listed as applicants on this application, a signed statement of agreement from each collaborator must be appended. Examples of “collaborators” include individuals that will allow access to subjects and/or provision of equipment or specialized services such that the project would not be possible without the support of this person.

Do not append letters in general support of the research.

List names of individuals providing letters of collaboration, as described:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position Held** | **Institution** | **Specify Collaboration** |
|       |       |       |       |
|       |       |       |       |
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1. **CIHR COMMON CV**

Please submit the CIHR Academic version of the Common CV for the Principal Investigator(s) and all the Co-Investigator(s).

1. **SUGGESTED REVIEWERS**

Please provide the names and contact information for three (3) suggested external reviewers. **Do not include persons with whom the applicant(s) has/have collaborated in the previous five (5) years.** Suggested reviewers should not be from the same institution as the principal investigator or co-principal investigator.

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| --- | --- |
| **i) Name** |       |
| **Institute Name and Address**  |       |
| **City/Province/Country** |       |
| **Postal Code** |       |
| **Telephone** |       |
| **E-mail** |       |
| **Area of Expertise** |       |

|  |  |
| --- | --- |
| **ii) Name** |       |
| **Institute Name and Address**  |       |
| **City/Province/Country** |       |
| **Postal Code** |       |
| **Telephone** |       |
| **E-mail** |       |
| **Area of Expertise** |       |

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| **iii) Name** |       |
| **Institute Name and Address**  |       |
| **City/Province/Country** |       |
| **Postal Code** |       |
| **Telephone** |       |
| **E-mail** |       |
| **Area of Expertise** |       |

1. **Eligibility Acknowledgement**
2. A Canadian citizen, permanent Canadian resident or landed immigrant. These awards are normally held at Canadian institutions.
3. The Principal Investigator must be a respiratory health professional from a recognized clinically based discipline (e.g., registered nurse, nurse practitioner; physiotherapist; respiratory therapist; pharmacist; cardio-pulmonary technologist; polysomnographic technologist; kinesiologist; dietician; occupational therapist; social worker; or psychologist) **MDs are not eligible for Canadian Lung Association: Allied Health Research Grant support as a Principal Investigator.**
4. Affiliated with a Canadian health care organization or educational institution that is authorized to administer CIHR grant and award funds (see a list of authorized institutions at: <http://cihr-irsc.gc.ca/e/36374.html>).
5. Pursuing a research study with respiratory health as the major focus.
6. At the time of submission, and for the duration of the award, individuals who currently hold or have held and/or are being supervised by individuals holding or have held funding, directly or indirectly, from tobacco and/or cannabis industry are not eligible.

☐ As the principal investigator, I acknowledge that I, the co-principal investigator, the co-investigator(s), and the collaborator(s), as applicable, meet all of the above-listed eligibility criteria.\*

Signature:

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