

CANCERCARE MANITOBA FOUNDATION
2006/2007 Intramural Grant Application Form Checklist

Please forward this completed form with the original only of your application; **DO NOT ATTACH** this form to the other copies of your application.

- Number of copies
(15 complete copies plus original)
- Referees Listed with complete addresses, phone/fax #'s, emails
- Appropriate boxes checked, pages completed and signed by applicant, co-applicant(s) and Provincial Director, Research (or his delegate)
- Budget details and figures checked for mathematical accuracy & budget justification
- Institution where project will be carried out/signing authority
- All funds received or applied for listed
- List how research is relevant to cancer or the total CCMB Program
- Summary of research
- Background and details of the research proposal
- Education/Experience/Appointments
- Special circumstances affecting research productivity (optional)

Publications:

- Total Papers for the last 5 years only, listed by category.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Name of Applicant (Print)	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Name of Co-Applicant (Print)	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Name of Co-Applicant (Print)	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date

CANCERCARE MANITOBA FOUNDATION

ATTACH TO THE ORIGINAL ONLY
DO NOT ATTACH THIS FORM TO THE OTHER COPIES

2006/2007 APPLICATION FORM

Name of Applicant:				
Research Funding For: (check one) <table style="margin-left: 100px; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">Operating</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></td> </tr> <tr> <td style="padding: 2px 10px;">Multi-Disciplinary</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></td> </tr> </table>	Operating		Multi-Disciplinary	
Operating				
Multi-Disciplinary				

- Referees:**
- 1) Please suggest three suitable external referees. These referees should be knowledgeable in your field of research and be from out of Province. They should not be current or former collaborators nor former supervisors, students or postdoctoral fellows.
 - 2) Referees other than those suggested by you may be used; if there are individuals to whom you do not wish your application to be sent please provide their names in a covering letter.

PROVIDE COMPLETE MAILING ADDRESSES!

	Area of Expertise
Name:	
Address:	
Phone: Fax: e-mail:	
	Area of Expertise
Name:	
Address:	
Phone: Fax: e-mail:	
	Area of Expertise
Name:	
Address:	
Phone: Fax: e-mail:	

**CANCERCARE MANITOBA FOUNDATION
2006/2007 - OPERATING GRANT APPLICATION FORM**

Category: (check appropriate box) <input type="checkbox"/> Operating <input type="checkbox"/> Multi-Disciplinary		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Surname, given names		2. Telephone number		
3. Mailing address (departmental address preferred)		4. e-mail address		
5. Position/Rank, Institution, Faculty, Department and date of first academic appointment at a Manitoba institution.				
6. Title of Research Proposal.				
7. Synopsis (50 words or less) of proposed research.				
8. Co-Applicant(s): Give the names and the Department and Institution of individuals who are co-Applicants on this application. NOTE: Copies of each Co-applicant's CV must be attached.				
9. Collaborators: Please list individuals and their Department and Institution who will serve as Consultants or collaborators on some aspect of the proposed study.				
10. CERTIFICATION REQUIREMENTS If this research will involve any of the following, check the box(es). If the grant is awarded, the necessary certification requirements must be met in accordance with policies on ethical conduct of research. Forms must be attached or forthcoming prior to receipt of funds. <input type="checkbox"/> Animals <input type="checkbox"/> Biohazards <input type="checkbox"/> DSG <input type="checkbox"/> Environmental assessment <input type="checkbox"/> Human pluripotent stem cells <input type="checkbox"/> Human subjects		11. Amount Requested \$ _____ Requirement for containment <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4		12. Period of Support Requested For Applied/Basic/Clinical Operating Grant 1 Year \$ _____ if 2 years requested: Year 2 \$ _____
13. Acceptance of a grant or award indicates agreement by the applicant and the institution which Employs him/her to the general conditions as outlined in the Awards Guide. The undersigned, Guarantee that, where applicable, the guidelines of CancerCare Manitoba will be followed.				
	APPLICANT	CO-APPLICANT	CO-APPLICANT	PROVINCIAL DIRECTOR/RESEARCH
NAME: (print)				
SIGNATURE:				
DATE:				

CANCERCARE MANITOBA FOUNDATION – INTRAMURAL GRANT COMPETITION

Name of Principal Applicant and Amount Requested

14. OPERATING GRANT BUDGET

A. PERSONNEL	No.	% Time	July 1 - June 30
Technicians			
Other Personnel			
Fringe Benefits & Payroll Tax			
B. EQUIPMENT			
C. SUPPLIES and SERVICES			
TOTAL			

DETAILS of budget requested above (**APPEND NO MORE THAN ONE ADDITIONAL PAGE**)

CANCERCARE MANITOBA FOUNDATION – INTRAMURAL GRANT COMPETITION

Name of Principal Applicant and Amount Requested

15. Name of the Institution/Centre where the project will be carried out:

16. Name and title of person who will administer the funds on behalf of the sponsoring Agency:

17. RESEARCH OPERATING FUNDS

- ALL FUNDING RECEIVED OR APPLIED FOR BY PI AND CO-PI's MUST BE DECLARED.

- ◆ *Indicate all funds you (a) presently hold, (b) have requested or (c) are intending to request for the support of your Proposed research program.*
- ◆ *Show all sources: granting agencies, university funds, private foundations, etc. In the case of grants shared with other investigators, indicate the total sum, and, if possible, the portion available for your use in the project.*
- ◆ *Where overlap exists with the current application, please indicate the percentage of the overlap and provide a description on a separate page.*
- ◆ *Agency Amount (P.A.) Period Of Support % Of Time % Of Overlap*
- ◆ *Provide Copies Of Summary And Budget Pages For All Funds Received Or Applied For As An Appendix To The Original And Three Copies (I.E. Four Total).*

(A) FUNDS RECEIVED OR TO BE RECEIVED.

- ◆ *Agency Amount (P.A.) Period Of Support % Of Time % Of Overlap*

(B) FUNDS APPLIED FOR OR ABOUT TO BE APPLIED FOR

18. How is this research relevant to cancer or the total CancerCare Manitoba Strategic Plan?

CANCERCARE MANITOBA FOUNDATION – INTRAMURAL GRANT COMPETITION

Name of Principal Applicant and Amount Requested

19. SUMMARY OF RESEARCH PROPOSAL

A summary of the proposal including objective(s) of no more than 450 words (12 font) should be typed on this page.

A.- OPERATING GRANT

A summary of the proposal including objective(s) and outline of no more than 450 words (12 font) should be typed on this page.

B – MULTI-DISCIPLINARY OPERATING GRANT

A summary of the proposal including objective(s) and outline of no more than 450 words (12 font) should be typed on this page.

DO NOT APPEND ANY PAGES

CANCERCARE MANITOBA FOUNDATION – INTRAMURAL GRANT COMPETITION

Name of Principal Applicant and Amount Requested

20. DETAILS OF RESEARCH PROPOSAL

- ◆ *Operating Grant* -(Maximum of 4 pages (12 font); page limit does not include references, tables, charts and figures.)
- ◆ *Multi-Disciplinary Operating Grant* (Maximum of 6 pages (12 font); page limit does not include references, tables, charts and figures.)
- ◆ *Include a summary of current state of knowledge and rationale, objectives, experimental approaches, methodology, and expected outcome(s) of current proposal.*

A – Summary of the current state of knowledge relating to your research proposal, the relevant work done by Yourself, essential references, and

B – A clear, concise outline of your research proposal, your objective(s) and your research plans.

DO NOT APPEND MORE THAN THE ADDITIONAL PAGES SPECIFIED ABOVE.

CANCERCARE MANITOBA FOUNDATION – INTRAMURAL GRANT COMPETITION

Name of Principal Applicant & Amount Requested

24. SPECIAL CIRCUMSTANCES AFFECTING RESEARCH PRODUCTIVITY (OPTIONAL)

You may wish to explain interruptions in education and/or periods of decreased productivity.

CANCERCARE MANITOBA FOUNDATION – INTRAMURAL GRANT COMPETITION

Name of Principal Applicant & Amount Requested

25. PUBLICATIONS

- ◆ **PI and Co-PI's -List (separately for PI and Co'PI's) your publications for the last five years (begin with most current publications) and separate them in the following categories:**

- i) Refereed papers, published/in press (append journal acceptance)
- ii) Refereed papers, submitted (append journal acknowledgement of receipt)
- iii) Book Chapters, published or in press (append acceptance)
- iv) Book Chapters submitted (append acknowledgement of receipt)
- v) Abstracts

Do not include papers in preparation – only published, in press or submitted papers (group all publications together, all articles together, all abstracts together etc..) State if abstract was peer-reviewed. Use the following format (authors, title, journal, year, volume, pages): “Smart IM, Boss Y and Johns LP. Observations on the economic benefits of a postgraduate education. Science 1993; 235:726-9”.

- ◆ **Documents submitted for publication must include letters of receipt from editorial office.**
- ◆ **Note That Copies Of Your Publications Are Not Required**
- ◆ **Use Additional Pages if Necessary.**