



Health Research Grant Application Cover Sheet

Complete below in full and use as the cover page of your electronic and paper copy of your application package. Do not modify/remove sections – if not applicable to you please indicate “n/a”

Research Project Title			
Type of Research (select one)			
Clinical____ Medical Education Research & Development____ Health Systems____			
Principal Investigator/Applicant			
Full Name			
Project Role of PI / Applicant (select one)		Independent Investigator____ Fellow ____	
Clinical Appointment	Title	Institution	
Academic Appointment <i>(if applicable – refer guidelines)</i>	Title	Institution	
Contact Information	Telephone	Email	
Address	Street Address and Suite/Unit		
	City/Town	Province	Postal Code
		ON	
Funding Requested <i>(maximum \$85,000 per year for up two years)</i>			
Year One: \$_____ Year Two:\$_____ Total Amount Requested:\$_____			
Duration of Project _____ <i>(maximum two years)</i> Project Start Date:_____			
Sponsoring Institution			
Institution Name			
Charitable Registration Number			
Grant Administrator at Sponsoring Institution	Name	Title	
Contact Information of Grant Administrator	Telephone	Email	
Address	Street Address and Suite/Unit		
	City/Town	Province	Postal Code
		ON	
Co-Principal Investigator Information (required for Fellows – refer guidelines)			
Full Name			



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Project Role of Co-PI (select one)	Supervisor (required for Fellows) _____ Peer _____		
Clinical Appointment	Title	Institution	
Academic Appointment	Title	Institution	
Contact Information	Telephone	Email	
Address	Street Address and Suite/Unit		
	City / Town	Province ON	Postal Code
Co-Investigators <i>(add rows as needed to list all co-Investigators)</i>			
Full Name	Title and Institution (i.e. clinical / academic appointment)		Project Role/Expertise
Lay Summary Description of Project <i>maximum 200 words</i> (Describe objectives and methodology in plain language. If funded, this description will be used to describe your project in Foundation communications)			

Application Checklist

Suggested External Reviewers

Complete below in full to suggest individuals who have the appropriate expertise for the Foundation to potentially ask to peer review your research grant proposal. Suggested reviewers must not be associated in any way with your project or other research activities, your hospital or academic health centre. They also should not be anyone who you trained or recently collaborated with or supervised.

Suggested Reviewer	Contact Information <i>(all fields required)</i>	
Name, Title, / Academic Appointment	Street Address/City/Province or State / Country / Postal Code	
	Email Address	Telephone
Name and Title, / Academic Appointment	Street Address/City/Province or State / Country / Postal Code	
	Email Address	Telephone
Name and Title, / Academic Appointment	Street Address/City/Province or State / Country / Postal Code	
	Email Address	Telephone
Name and Title, / Academic Appointment	Street Address/City/Province or State / Country / Postal Code	
	Email Address	Telephone

Submission – 2 parts:

1. Mail or courier one paper hard copy of the **signed** complete application package postmarked or courier stamped no later than 5:00 pm Eastern Standard Time on the deadline date and mailed or couriered to:

Physicians Services Inc. Foundation
5160 Yonge Street, Suite 1006
Toronto, ON M2N 6L9

AND

2. Email **one** PDF file format attachment of the complete application package (unsigned) to psif@psifoundation.org no later than 5:00 pm EST on the deadline date.

The file attachment must NOT be a scanned copy. Signatures are not requested on the electronic copy of the application. Please note the PDF file attachment must be less than 5 MB in size.

When emailing your application please use the standard subject line format of: PI's last name and project title (i.e. *Cardella.; Down-regulation of allosensitized B cells*)



Application Checklist

Out of consideration for all applicants, the Foundation is unable to accept incomplete or late applications. Applications will not be accepted by fax.

2010 Health Research Grant Application Deadline Dates

Thursday, May 13, 2010 for funding decision in September 2010

Thursday, July 22, 2010 for funding decision in December 2010

Thursday, October 21, 2010 for funding decision in March 2011

Confirming Receipt of Application

Each application submitted will be acknowledged within 15 - 20 business days after the application deadline date to allow Foundation staff sufficient time to complete the intake and recording of all received submissions.

If after 20 business days you have not received by email a confirmation of receipt, please contact the Foundation at psif@psifoundation.org . Please ensure you retain for your records all sent emails with attachments to the Foundation as well as courier / postage receipts in the rare event an application is not received.

Application Contents

Application Instructions:

Your application must include each of the following sections and using the titles, order and numbering as below. Page numbering is required, starting with Application Cover Sheet as page 1. The content must be single spaced, 12 pt font. Sections 1 through 5 must not exceed 20 pages. Please read the Funding Guidelines before completing the application to ensure your project is eligible for consideration.

1. **Statement of objectives and specific aims of the project in the form of hypothesis (1 page maximum)**
2. **Background, rationale and present state of knowledge (6 pages maximum)**
3. **List of references to background and present state of knowledge (2 pages maximum)**
4. **Project design, methodology and analysis (8 pages maximum)**
5. **a) Project Budget requested from PSI (format below must be used) 2 pages maximums**

Please read guidelines to ensure eligible items only are requested. Ineligible items will be removed.

Budget Items & Rationale (items not fully justified with rationale will not be considered)	Year 1 \$	Year 2 \$	Total \$
Personnel (describe type/role of personnel and indicate amount of time per week or month)			
•			
•			
•			
Total Personnel			
Equipment (describe type and quantities and how will be used for study)			
•			
•			
•			
Total Equipment			
Materials & Supplies (describe type and quantities required and how will be used for study)			
•			
•			
•			
Total Materials & Supplies			
Knowledge Translation Activities (publications/ conference presentations) (maximum \$1500 per grant)			

•			
•			
Total Knowledge Translation Activities			
Other Expenses (full detailed description, quantities and amounts must be provided below)			
•			
•			
Total Other Expenses			
TOTAL PROJECT BUDGET REQUESTED (maximum \$85,000 per year for up to two years)			

5. b) **Additional Project Budget Rationale (1 page maximum)** If any of the above items require additional explanation to justify funding, please provide in this section.

6. Appendices (30 pages maximum)

7. Curriculum Vitae for PI, co-PI (if applicable) and each co-investigator. Each CV is to be made up of two components: the first component is to be limited to three pages and will include all relevant information except presentations and publications. The second component is to be the list of publications and presentations for the past 2 years. Both components are required.

8. Resubmission Response (5 page maximum) If this is a resubmission of a previously declined application to the Foundation, provide a letter explaining in detail responding and/or how the resubmission addresses the comments of the external peer reviewers of the previously declined submission.

9. For Fellows only: Letter from Supervising Co-PI The supervising co-Principal Investigator must provide a letter detailing their role in the proposed research project (1 page maximum)

10. Supporting letters from collaborators

Signatures

The signing of this application constitutes acceptance and agreement of the terms and conditions set out in the Funding Guidelines and that all information provided is accurate and truthful.

Signature of Principal Investigator	Date Signed
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Signature of Co-Principal Investigator (as applicable)	Date Signed
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Signature of Department Head of Principal Investigator (required)	Date Signed
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Signature of Authorized Officer of Sponsoring Institution (required)	Date Signed
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