



## Health Research Grant Application Form

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

<b>Research Project Title</b>			
<b>TIP</b>	<p style="text-align: center;"><b>Your project title will need to match the title on your REB approval.</b></p> <p style="text-align: center;"><b>Keep the title simple, succinct and reflective of the true purpose of the study.</b></p>		
<b>Type of Research (select one)</b>			
Clinical____      Medical Education____      Health Systems____			
<b>Principal Investigator/Applicant</b>			
Full Name	<b>TIP</b>	<p style="text-align: center;"><b>The PI must be a CPSO licensed M.D. and either with an academic appointment or applying with a co-PI with an academic appointment.</b></p>	
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	<p style="text-align: center;"><b>The Foundation will use this address for all electronic communication.</b></p>
Address	Street Address and Suite/Unit		
	City/Town	Province ON	Postal Code
<b>Funding Requested</b> <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:_____			
<b>TIP</b>	<p style="text-align: center;"><b>A funding decision will be made within 6 months following submission of your application. The Foundation does not fund ongoing research; therefore your start date must be after the <a href="#">funding decision date</a>; i.e. applying in June deadline means a start date no earlier than December.</b></p>		



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<b>Sponsoring Institution</b>			
Institution Name	<b>TIP</b>	<b>See guidelines under Sponsoring Institution for information about eligibility.</b>	
Charitable Registration Number	<b>TIP</b>	<b>This is required - it can be found on your institution's website.</b>	
Grant Administrator at Sponsoring Institution	<b>TIP</b>	Name  <b>This is the person who will accept your funds and administer the research account.</b>	Title
Contact Information of Grant Administrator	Telephone	Email	
Address	Street Address and Suite/Unit		
	City/Town	Province <b>ON</b>	Postal Code
<b>Co-Principal Investigator Information (required for Fellows – refer to guidelines)</b>			
Full Name	<b>TIP</b>	<b>The co-PI does not need to be an M.D., but must have an academic appointment if the PI does not. Co-PIs must sign the hardcopy of the application.</b>	
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 <b>ON</b>	Postal Code



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<b>Co-investigators</b> <i>(add rows as needed to list all co-investigators)</i> CVs <b>are</b> required; Letters of support <b>are not</b> required		
Full Name	Title and Institution <i>(i.e. clinical / academic appointment)</i>	Project Role/Expertise
<div style="display: flex; align-items: center; justify-content: center; margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 10px;"><b>TIP</b></div> <div> <p><b>Co-investigators cannot be residents or students of any kind. They do not need to sign the hardcopy of the application.</b></p> <p><b>Ensure his/her role is well defined.</b></p> <p><b>Co-investigators cannot also be paid personnel. They must be one or the other.</b></p> </div> </div>		
<b>Collaborators</b> <i>(add rows as needed to list all collaborators)</i> CVs <b>are not</b> required; Letters of support <b>are</b> required		
<div style="display: flex; align-items: center; justify-content: center; margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 10px;"><b>TIP</b></div> <div> <p><b>Collaborators cannot be residents or students of any kind. They do not need to sign the hardcopy of the application.</b></p> <p><b>Ensure his/her role is well defined.</b></p> <p><b>Collaborators cannot also be paid personnel. They must be one or the other.</b></p> <p><b><u><a href="#">See the definition of a collaborator on page 10 of this sample application.</a></u></b></p> </div> </div>		



## Health Research Grant Application Form

**Lay Summary Description of Project** *maximum 200 words*

(Describe objectives and methodology in plain language. If funded, this description will be used to describe your project in Foundation communications)

**TIP**

**Keep your summary clear and to a general practice knowledge level.**

## Application Checklist

Complete and use the checklist to ensure all required items are submitted. Please ensure each item is marked with either an X or N/A as applicable. The checklist should be completed in both electronic and hard copies.

- Application Form – completed in full
- Application Checklist – completed in full
- If a Resubmission: Response to External Reviewer Comments (limit of 5 pages)
- Contents sections 2-5 completed in full and not exceeding stated section page limits
- Budget includes eligible items only, with detailed justification and verified calculations
- Summary of project, budget and justification from applications for funding from other sources
- Appendices (limit of 30 pages)
- Curriculum Vitae of PI, co-PI, and each co-investigator ([see guidelines on page 11](#))
- For applicants applying as Fellows:** Letter attached from supervising co-Principal Investigator  
Start date of fellowship: \_\_\_\_\_ End date of fellowship: \_\_\_\_\_



**Please confirm what your status will be if your fellowship ends before the project; i.e. will you be able to see the project to completion.**

- Support letters/emails from collaborators and partnering organizations
- Previous PSI Foundation Funding Report ([see guidelines on page 11](#))
- Required signatures

<b>Research Ethics Board Approval:</b>	Attached___	Pending___	
<b>Clinical Trials Registry Approval</b>	Attached___	Pending___	Not required___
<b>Health Canada Drugs &amp; Health Products Approval:</b>	Attached___	Pending___	Not required___

**Other Funding**

Results of funding from other sources may affect your approved budget, therefore please notify the Foundation immediately if you have received other funding. Have you applied / intending to apply for other funding for this study? Yes\_\_\_ No\_\_\_ (if yes, complete below) *(add rows as necessary)*:



**Please remember to notify the Foundation of any funding received from other sources for this project.**



## Application Checklist

Funding Agency	Amount Requested/Duration	Status
		Approved____ Declined____ Pending _____ (Expected Date of Decision):_____

# Application Form

## Suggested External Reviewers

Complete below in full (**all four fields**) 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 institution. 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	
Name and Title, / Academic Appointment	Email Address	Telephone
Name and Title, / Academic Appointment	Street Address/City/Province or State / Country / Postal Code	
Name and Title, / Academic Appointment	Email Address	Telephone



**In addition to the instructions above, only one reviewer from each institution will be used, therefore variety in your suggestions is helpful.**



## Application Form

### Submission

Email **one** PDF file format attachment of the complete application package to [psif@psifoundation.org](mailto:psif@psifoundation.org).

**The file attachment must NOT be a scanned copy.** Please note the PDF file attachment must be less than 5 MB in size. PSI no longer requires a hardcopy of the application; therefore, please include all signatures in the PDF. You may need to email the signature page separately, if dictated by file size.



**You will be asked to replace any sections of your application deemed unnecessarily scanned.**

PSI no longer has a deadline for Health Research Grant applications. Applications may be submitted at any time. PSI's internal review committee will consider your application at its next meeting following the peer review process. You will receive a decision within 6 months.

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*)

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

### Confirming Receipt of Application

Each application submitted will be acknowledged within 5 business days after submission.

**If after 5 business days you have not received by email a confirmation of receipt, please contact PSI at [psif@psifoundation.org](mailto:psif@psifoundation.org).** Please ensure you retain for your records all sent emails with attachments to PSI in the rare event an application is not received.



# Application Contents

## Application Instructions:

Your application must include each of the following sections and use the titles, order and numbering as below. Page numbering is required, starting with the first page of the Application Form as page 1. The content must be single spaced, 12 pt. font. Sections 1 through 10 must not exceed page limits where stated. Please read the Funding Guidelines before completing the application to ensure your project is eligible for consideration.

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

**TIP**

**A resubmission is the second iteration of any application which has undergone our peer review process.**

- 2. Statement of objectives and specific aims of the project in the form of hypothesis (1 page maximum)**

**TIP**

**A hypothesis must be included.**

- 3. Statement of Relevance (1/2 page maximum)** Please highlight the relevance and impact of this proposal on the health of Ontarians.

- 4. Background, rationale and present state of knowledge (6 pages maximum). List of references for this section (2 pages maximum).**

**TIP**

**See 'Tips from the Internal Grant Review Committee'.**

- 5. Project design, methodology and analysis (8 pages maximum). List of references for this section (1 page maximum).**

**TIP**

**See 'Tips from the Internal Grant Review Committee'.**

- 6. a) Project Budget requested from PSI (format below must be used) 2 pages maximum**

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

Budget Items (items not fully justified with rationale will not be considered)	Year 1 \$	Year 2 \$	Total \$
<b>Personnel</b>			
•			
•			
•			
<b>Total Personnel</b>			

<b>Equipment</b>			
•			
•			
•			
<b>Total Equipment</b>			
<b>Materials &amp; Supplies</b>			
•			
•			
•			
<b>Total Materials &amp; Supplies</b>			
<b>Knowledge Translation (maximum \$1500 per grant)</b>			
<div style="border: 1px solid black; padding: 5px; background-color: #f2f2f2;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;"><b>TIP</b></div> <p><b>This amount is per study, not per year.</b></p> </div> </div>			
•			
•			
<b>Total Knowledge Translation Activities</b>			
<b>Other Expenses</b>			
•			
•			
<b>Total Other Expenses</b>			
<b>TOTAL PROJECT BUDGET REQUESTED</b> (maximum \$85,000 per year for up to two years)			
<div style="border: 1px solid black; padding: 5px; background-color: #f2f2f2;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;"><b>TIP</b></div> <p><b>Ineligible budget items will be removed. See the <a href="#">guidelines</a> for a list. Common errors include computers and student salaries. Please remember the PI, co-PI and co-investigators cannot be paid from grant funds.</b></p> </div> </div>			

**6. b) Additional Project Budget Rationale (2 page maximum)** All the above items require additional explanation to justify funding, Please provide in this section.

**Personnel:** describe type/role of personnel and indicate amount of time per week or month

**Equipment:** describe type and quantities and how it will be used for study

**Materials & Supplies:** describe type and quantities required and how will be used for study

**Other Expenses:** full detailed description, quantities and amounts must be provided

**TIP**

**Your budget justification should be on a different page, not within the budget form. Any budget items not properly justified could potentially be removed.**

**6. c) Other Funding Summary** If funding has been requested from other sources for this project, please provide the summary, budget and budget justification from these applications.

04/2015

- 10 -

**TIP**

**This is not necessary if the other funding has already been declined.**

**7. Appendices (30 pages maximum)**

**TIP**

**This section is often used for items such as tables and figures, consent forms, or related publications.**

- 8. 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 such as education, appointments, committees, etc. The second component is to be a list of publications, presentations, grants received, etc. for the past 5 years only. Both components are required.

**TIP**

**Ensure all CVs follow these guidelines. Other formats such as CIHR CVs will not be accepted unless modified to fit these guidelines.**

**Abbreviate the CVs to number of publications but only list in detail the last 5 years; i.e. Publications (30 in last 5 years of 100 total)**

- 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**

**TIP**

**Collaborators can be anyone who is not a co-investigator but is assisting with the project in some way; i.e. providing lab space, samples, expertise, etc.**

**Letters should detail his/her expertise and role in the study.**

- 11. PSI Foundation Funding Report (1 page per grant)** If a PSI Foundation grant has been received by the Principal Investigator in the past, please provide citations for all publications or presentations resulting from the grant. If none are available, please provide a summary of the results of research and the reasons for the lack of publication or presentation.

## Signatures

By signing below, you certify that

- All information in this application is accurate and truthful
- You have read and understood PSI's policies as stated in the Application Guidelines
- You agree to all of PSI's terms and conditions for undertaking the research protocol as stated in the Application Guidelines
- You agree to PSI's requirements of researchers and administrators as stated in the Application Guidelines

Failure to adhere to PSI's policies and terms of the grant offer may result in grant cancellation.

<b>Name of Principal Investigator</b>	<b>Signature of Principal Investigator</b>	<b>Date Signed</b>
<b>Name of Co-Principal Investigator (as applicable)</b>	<b>Signature of Co-Principal Investigator (as applicable)</b>	<b>Date Signed</b>
<b>Name of Department Head of Principal Investigator</b>	<b>Signature of Department Head of Principal Investigator</b>	<b>Date Signed</b>
<b>Name of Dean/Vice Dean of Research of Sponsoring Institution</b>	<b>Signature of Dean/Vice-Dean of Research of Sponsoring Institution</b>	<b>Date Signed</b>
<b>Name of Grant Administrator of Sponsoring Institution</b>	<b>Signature of Grant Administrator of Sponsoring Institution</b>	<b>Date Signed</b>



**Co-investigator signatures are not required.**

**It is a good idea to keep a copy of your original signature page.**