**Please refer to new guidelines BEFORE completing application.**

**Application Checklist:**

**COMPLETED AND SIGNED APPLICATION FORM**

* + **CHIEF OF YOUR CLINICAL DEPARTMENT AT LHSC OR ST. JOSEPH’S**
  + **PRINCIPAL INVESTIGATOR**
  + **CO-INVESTIGATORS**

**APPENDIX A – NAMES OF THREE EXTERNAL REVIEWERS**

**APPENDIX B - REFERENCES (MAXIMUM 20)**

**APPENDIX C – MAXIMUM OF 3 PAGES OF SUPPORTING DOCUMENTATION (PHOTOGRAPHS, CHARTS, DIAGRAMS, OR OTHER RELEVANT INFORMATION)**

**APPENDIX D – NOTICE OF DECISION AND ABSTRACT FROM UNSUCCESSFUL GRANT APPLICATION TO EXTERNAL FUNDING AGENCY. ONLY REQUIRED IF THIS APPLICATION IS TO SUPPORT “BRIDGE FUNDING”**

**APPENDIX E – LETTERS OF COLLABORATION FROM EACH COLLABORATOR MENTIONED IN THE PROPOSAL**

**Please be sure to answer ALL questions on this page.**

|  |  |
| --- | --- |
| **Principal Investigator:** | **Campus Mailing Address:** |
| **Email:** | |
| **Lawson Scientist Status (Scientist or Associate):** | |
| **Date of First Academic Appointment:** | **Clinical Department Appointed to:** |
| **Previously Received an IRF:**  Yes  No |
| **Project Title:** | |
| **Is this a resubmission:**  Yes  No | **Primary location where research will be conducted:**  LHSC  St. Joseph’s  Off-site |
| **Co-Investigators (Name and Department):**  **1.**  **2.**  **3.** | |
| **Application for (choose one):**  New Investigator  “Bridge” Funding  Competition Name:  Novel Research Direction  Post-Doctoral Support  Name of Post-Doctoral Trainee: | |
| **Period of Support:**  1 year  2 years | **Start Date: July 1, 2018**  All projects will have a July 1, 2018 start date and a June 30 end date. |
| **Total Amount Requested (maximum $15,000): $** | |
| **Has this project been submitted for review by Western’s Health Sciences Research Ethics Board?**  No, not applicable  Yes, approved (Attach copy of approval notice)  Yes, approval pending  Not yet submitted | |
| **Has this project been submitted for review by Western’s Animal Use Subcommittee?**  No, not applicable  Yes, approved (Attach copy of approval notice)  Yes, approval pending  Not yet submitted | |

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| Note: If ethics approval has not been received within 6 months of award notification, the award is subject to withdrawal.  SIGNATURE PAGE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Principal Investigator Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Post-Doctoral Trainee (if applicable) Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Co-Investigator 1 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Co-Investigator 2 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Co-Investigator 3 Date ***Co-Investigator signatures mean that they have read and approved the submitted version of the application.***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature, Chief of Clinical Department Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please Print Name of Chief of Department Print Name of Clinical Department**  *Clinical Department approval attests to the following: they are aware of the clinical research being proposed and the availability of appropriate facilities (laboratory, office, research space, other support) for this project to be carried out.*  ***Submission Instructions: Print this page, obtain signatures, scan into final PDF file***  ***to be e-mailed along with completed application to*** [***internalresearchfund@lawsonresearch.com***](mailto:internalresearchfund@lawsonresearch.com) | | |
| **1.** Please provide a brief **Lay Summary (250 words maximum)** of your project in simple, non-scientific language that can be used beyond the scientific awards committee, e.g., for donors’ publicity purposes. Please conform to the structure provided below.   1. **Background** 2. **Hypothesis** 3. **Methods** 4. **Expected Results and Significance**   **2. Research Proposal:** Please provide an outline of the research you are proposing, using up to a maximum of 3 pages (12-point and Times New Roman font, with 3/4” margins (2 cm), 6 lines per inch).  The 3 pages allotted to your outline must include the following sections:   * Background (information describing why this research is important, and how this research aligns with [Lawson’s Strategic Plan](https://intra.lawsonresearch.ca/about-lawson/strategic-plan-2014-2018)) * Hypothesis and Objective(s) * Project Plan (experimental design, sample size calculation, etc.) * Data Analysis * Expected Results and Significance * Limitations (possible pitfalls and alternative approaches)   In addition, you may include up to a maximum of four appendices: Appendix B, References (max. 20); Appendix C, 3 pages maximum for preliminary data, charts, diagrams, or other relevant information; Appendix D, (for bridge funding applications only) letter of decision and abstract from a previous application to an external funding agency; and Appendix E, Letters of Collaboration. Manuscripts will not be accepted.  Page 1 of Proposal  Page 2 of Proposal  Page 3 of Proposal  **3.** Outline your role as Principal Investigator.   **50 words maximum**  **4.** Outline the role of the Post-Doctoral Trainee (if applicable).   **50 words maximum**  **5.** Outline therole and area of expertise of each of the Co-Investigators.   **100 words maximum for each co-investigator**  **6.** If the proposed research activity will take place off-site (somewhere other than LHSC or SJHC) please explain why it cannot be completed at a Lawson location.  **200 words maximum**  **7**. Please state the reason(s) for applying to the IRF and explain why research funding cannot be obtained from other sources. Indicate clearly how the research in the application is novel or new and how it is/or is not related to other funded projects. **300 words maximum. \*If this application is for Bridge Funding, skip this section and go to section 8.**  **8.** If this application is for “Bridge Funding”, please list the most important comments from the reviewers and explain how IRF funds will help in responding to the comments and in improving the likelihood of funding from the external agency. **300 words maximum**  **9. Budget:**   |  |  |  | | --- | --- | --- | | **Item** | **Amount requested from IRF** | **Amount coming from another source** | | Personnel Support  # of hours total required for this project |  |  | | Salary – Post-doctoral Trainee |  |  | | Lab Supplies |  |  | | Research Equipment |  |  | | Animals (if appropriate) |  |  | | Other expenses |  |  | | **Total** |  |  |   **Budget Notes**:  **Salary Costs:** Contact Lawson HR to obtain salary costs. Hourly rates and benefits will apply and therefore should be stated within the project budget.  Post-Doctoral Trainees can be hired through Western University (as Post-Doctoral Associates) or through Lawson (as Research Assistants), and their salaries must include mandatory benefits, CPP, and EI.  **Research Equipment:** Funding for equipment, up to a **maximum of $1,500**, may be requested. Definition of Equipment: Any item (or interrelated collection of items comprising a system) of non-consumable tangible property, having a useful life of more than 1 year, which is used wholly or in part for research.  **Travel:** The IRF does not provide funds for travel or related expenses for Principal Investigators, Co-Investigators, Collaborators, or trainees.  **10. Budget Justification –** Each budget item should be listed, and a brief explanation should be provided for each item, explaining the importance of the costs for the proposed research (one page maximum).   1. **For Principal Investigator ONLY*: List current research funding held (F), or those applied (A) for (state date when a decision will be announced).*** *Include all funds received from internal and external sources, including industry. Please also include any funding received as a Co-Investigator.* Please use the format below.  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **(F) or (A)**  *Indicate in this column* | **Title of project**  (State percentage overlap with current IRF application if it exists) | **Year(s) funded** | **Agency** | **Award total or date to be announced** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | |
| 1. If this IRF application is a **resubmission,** applicants must respond directly to the comments received from the IRF reviewers regarding the previous application. **350 words maximum** 2. If you have received prior funding (as a Principal Investigator) for a pilot study from Lawson’s IRF, please explain if the prior IRF funding leveraged further funding for your research program. **250 words maximum** 3. Describe the possible translational outcomes in terms of enhanced clinical care, improved health outcomes or systems, and/or commercialization/patenting of a technology. Provide a clear description of who will benefit from the project outcomes. Only if applicable. **250 words maximum.** 4. Describe the potential of the project to lead to external funding opportunities (CIHR, CFI, ORF-RE, etc). **250 words maximum** | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | BIOGRAPHICAL SKETCH – 2 PAGE MAXIMUM ***ONLY REQUIRED FOR: PRINCIPAL INVESTIGATOR, POST-DOCTORAL TRAINEE (if applicable)***  IOP | | | | | |  | | | | | | **NAME** | | **POSITION TITLE** | | | | **EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, include post-doctoral training and residency training if applicable.)*** | | | | | | **INSTITUTION AND LOCATION** | **DEGREE**  ***(if applicable)*** | | **MM/YY** | **FIELD OF STUDY** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  |   A. Personal Statement  Briefly describe why your experience and qualifications make you particularly well-suited for your role in the proposed project.  B. Positions and Honors  List in chronological order previous positions, concluding with the present position. List any honors. Include present committee memberships.  C. Selected Peer-Reviewed Abstracts/Publications  You may include selected publications based on relevance to the proposed research. **Please also highlight articles that have been published as a result of IRF Funding.**  D. Research Support  List both selected ongoing and completed research projects for the past three years. *Begin with the projects that are most relevant to the research proposed in the application.* Briefly indicate the overall goals of the projects and responsibilities of the person identified in the Biographical Sketch. Do not include number of person months or direct costs.    Biographical sketch Page 2  **APPENDIX A – THREE EXTERNAL REVIEWERS**  *Suggest* ***three*** *external reviewers (Canadian or international) that you feel have the expertise to review your application. IRF reserves the right to make the final selection of external reviewers. You should not suggest reviewers in conflict of interest, such as personal friends, co-applicants on currently funded grants, or co-authors on a manuscript published within the past 3 years.*  ***External Reviewer 1:***   |  |  | | --- | --- | | ***Name*** |  | | ***Institution*** |  | | ***Title*** |  | | ***Department/Area of Expertise*** |  | | ***Email*** |  |   ***External Reviewer 2:***   |  |  | | --- | --- | | ***Name*** |  | | ***Institution*** |  | | ***Title*** |  | | ***Department/Area of Expertise*** |  | | ***Email*** |  |   ***External Reviewer 3:***   |  |  | | --- | --- | | ***Name*** |  | | ***Institution*** |  | | ***Title*** |  | | ***Department/Area of Expertise*** |  | | ***Email*** |  |   **APPENDIX B – REFERENCES (MAXIMUM 20)**  **APPENDIX C - 3 PAGE LIMIT – ADDITIONAL INFORMATION (Note: No manuscripts)**  **APPENDIX D (FOR BRIDGE FUNDING APPLICATIONS ONLY)**   1. **Copy of the decision letter from external granting agency, showing the grant panel’s comments and numerical score/ranking, if applicable.** 2. **The abstract/summary page from the external application.**   **APPENDIX E – LETTERS OF COLLABORATION** |