**BloodTechNet Award Program**

**2017 Application Form**

# Overview

Applicants are advised to review the Canadian Blood Services’ BloodTechNet Award Program Guidelines to ensure alignment of their applications with the program objectives and eligibility criteria.

The complete application package must be delivered to Canadian Blood Services

**by February 24, 2017**

# Instructions

It is the candidate’s responsibility to ensure that all documents are delivered by the application deadline. All documents must be delivered by email to centreforinnovation@blood.ca.

The submitted application package must include the following documents:

1. **Completed Application Form:** Ensure that all fields are complete, including signatures, before submitting the application. **Page and word count limitations must be adhered to**. Sections of the application that exceed the identified limits will not be considered.

# Section A: General Information

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| **PROJECT TITLE** |
|  |
| **PRINCIPAL APPLICANT**  |
| Family Name: |  |
| Given Name(s): |  |
| Position: |  |
| Institution/Organization: |  |
| Mailing Address: |  |
| Phone Number: |  |
| Email: |  |
| ***Note: Acknowledgement of receipt of this application will be made by email to the above email address.*** |
| **INSTITUTION/ORGANIZATION AFFILIATION** |
| Institution/Organization where project will be conducted: |  |
| Institution/Organization that will administer the funds (Institution Paid): |  |
| **AGREEMENT** |
| The undersigned acknowledge that the enclosed application for funding from Canadian Blood Services represents a project of which the applicant was responsible for the proposal development. If funded, the applicant will assume primary responsibility for the implementation and performance of the proposed project.The undersigned agree that the general conditions governing the BloodTechNet Award, as set out in the Guidelines, are accepted by the applicant on behalf of the project team.Signatures: |
| Principal Applicant | Authorized Official from the Institution Paid |
| Name:Date: | Name:Date:  |

# Section B: Project Proposal

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| **PROJECT SUMMARY**  |
| Provide a summary (200 words max.), in **lay terms**, of the proposed project, highlighting project objectives and deliverables and describing how the research is aligned with the BloodTechNet Program’s objectives. If the project is approved, **this summary may be published on Canadian Blood Services’ website.** |
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| **PROJECT DESCRIPTION**  |
| **In two (2) pages maximum** (including tables and figures):1. Describe the issue being addressed by the proposed project, as well as its significance and any relevant background information;
2. Outline the proposed methodology, clearly demonstrating the integration of project members’ expertise towards achieving the goals of the project;
3. Provide an anticipated schedule of key activities and milestones (Gantt Chart);
4. Detail the key deliverables anticipated by the end of the funding period, including the proposed plan for dissemination; and
5. Identify challenges that may hinder your project’s success and ways you may mitigate these.

A list of selected references may be included **in addition** to the two (2) page limit. |
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| **PROJECT IMPACT** |
| Describe, **in 200 words maximum**, how the team will measure the impact of the educational tool(s) that will be developed through the proposed project. For example, identify metrics that will be collected to evaluate how the educational tools may be used. |
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# Section C: Project Team

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| **Project Team** |
| In the table below, list all proposed project team members that have been identified to work on the proposed project. |
| **Name** | **Position and Institution/Organization** | **Email** |
| 1.  |  |  |
| Role in project:  |
| 2.  |  |  |
| Role in project:  |
| 3.  |  |  |
| Role in project:  |
| 4.  |  |  |
| Role in project:  |

*Insert rows as needed.*

# Section D: Budget

Provide a budget for the project. The proposed project budget must be between $10,000 and $50,000 for one year.

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| **BUDGET OVERVIEW** |
| Expendables |  |
| Services |  |
| Equipment |  |
| Travel |  |
| Other (must be outlined in the Justification of Financial Assistance Requested) |  |
| **Total Budget Requested** |  |

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| **BUDGET DESCRIPTION** |
| Provide a detailed justification for all budget items requested (no page limit) |
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| **ADDITIONAL SOURCES OF FUNDING**  |
| If applicable, list any additional sources of funding for this project in the space below. |
| Source:Amount: |
| Source:Amount: |