##### Blood Efficiency Accelerator Award Program 2020 Application Form

###### Overview

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

The complete application package must be delivered to
Canadian Blood Services by 11:59 PM January 24 2020

###### Instructions

It is the applicant’s responsibility to ensure that all documents are delivered by the application deadline. **No applications or additional material will be accepted after this deadline. Late or incomplete applications will not be considered.**

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.
2. **Supporting Documents**
	1. **Primary Applicant CV:** A Canadian Common CV (<https://ccv-cvc.ca/>) in the **CIHR Academic format** for the primary applicant.

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# Section A: General Information

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| **PROJECT TITLE** |
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| **PRIMARY APPLICANT** |
| Family Name: |  |
| Given Name(s): |  |
| Title: |  |
| Institution: |  |
| Phone: |  |
| Email: |  |
| **INSTITUTION** |
| Institution/Organization where research will be conducted: |  |
| Name of Institution that will administer the funds (institution paid): |  |
| **AGREEMENT** |
| The undersigned acknowledge that the enclosed application for research funding from Canadian Blood Services represents a study 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 study.The undersigned agree that the general conditions governing the Blood Efficiency Accelerator Award Program, as set out in the Guidelines, are accepted by the applicant on behalf of the project team and the academic institution.Signatures: |
| Primary Applicant | Director (if Canadian Blood Services employee) ORHead of department at academic institution (if not Canadian Blood Services employee)  |
| Name:Date: | Name:Date: |

# Section B: 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.In a separate file, provide a full Canadian Common CV (<https://ccv-cvc.ca/>) in the **CIHR Academic format or equivalent** for the Primary Applicant. |

|  |  |  |
| --- | --- | --- |
| **Name** | **Position and Institution** | **Email** |
| 1.  |  |  |
| Role in project: |
| 2.  |  |  |
| Role in project: |
| 3.  |  |  |
| Role in project: |

*Insert rows as needed.*

# Section C: Project Proposal

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| **PROJECT ABSTRACT**  |
| 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 Blood Efficiency Accelerator Award Program’s objective, including identified priorities. If the project is approved, **this summary may be published on Canadian Blood Services’ website.** |
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| **PROJECT DESCRIPTION**  |
| **In three (3) pages maximum** (including tables and figures):1. Describe the background, rationale, and objectives of the project, including any relevant preliminary findings;
2. Outline the proposed research methodology, clearly demonstrating the integration of project members’ expertise towards achieving the goals of the project;
3. Describe the relevance of the proposal to the Blood Efficiency Accelerator Award Program’s objective and identified priorities; and
4. Detail the key deliverables anticipated by the end of the funding period

A list of selected references may be included **in addition** to the three (3) page limit. |
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| **LONG-TERM TRANSLATIONAL PLAN** |
| In the space provided, provide a brief and clear description of the long-term translational plan for the proposed research, including how the proposed research will further the long-term goals. |
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| **HEALTH AND SAFETY CERTIFICATION** |
| Please indicate if the proposal involves the following. Please note that this information is used for administrative purposes to ensure that research ethics approvals are in place prior to the release of funds to successful applicants. This information is not used to evaluate the merit of the application. |
| Biohazards |
| Pathogenic agents | [ ]  Yes [ ]  No |
|  | Containment level required: [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  none |
| Recombinant genetics | [ ] Yes [ ] No |
|  | Containment level required: [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  none |
| Radioisotopes | [ ] Yes [ ] No |
|  | Containment level required: [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  none |
| Human Experimentation |
| Has ethics approval been applied for or obtained? | [ ]  Yes [ ]  No [ ]  Not applicable |
| Animal Experimentation |
| Has ethics approval been applied for or obtained? | [ ]  Yes [ ]  No [ ]  Not applicable |

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| **SEX AND GENDER** |
| Sex and gender must be considered when developing the research proposal. Visit the [CIHR](http://www.cihr-irsc.gc.ca/e/32019.html) website for resources to help with incorporating sex and gender into research design. |
| Are sex (biological) considerations taken into account in this proposal? | [ ]  Yes [ ]  No |
| Are gender (socio-cultural) considerations taken into account in this proposal? | [ ]  Yes [ ]  No |
| Describe how sex and/or gender considerations will be considered in your research proposal: |
|  |

# Section D: Budget

Outline the budget requested and provide justification that the requested resources are appropriate to financially support the research project as described in the application. Review the ‘Use of Funds’ in the program Guidelines to become familiar with the eligible and non-eligible expenses under this program.

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| **BUDGET OVERVIEW** |
| Research staff (excluding trainees) |
|  | No. | Salary | Benefits | Funds Requested |
| Research assistants |  |  |  |  |
| Technicians |  |  |  |  |
| Other personnel |  |  |  |  |
| Research trainees |
|  | No. | Stipend | Benefits | Funds Requested |
| Postdoctoral fellow(s) |  |  |  |  |
| Graduate student(s) |  |  |  |  |
| Summer student(s) |  |  |  |  |
| Materials, Supplies, and Service |
|  | Funds Requested |
| Animals |  |
| Materials and supplies |  |
| Services |  |
| Equipment (maximum $8500) |  |
| Meeting costs |  |
| Travel |  |
| Publication costs |  |
| Other |  |
| **TOTAL** |  |

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| **BUDGET DETAILS** |
| Provide a detailed justification for all budget items requested. (No page limit). |
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| **REAL OR PERCEIVED BUDGETARY OVERLAP**  |
| **In the space provided below**, supply details of any overlap with existing or proposed funding. Use this space to dispel any uncertainties that could arise in the minds of reviewers as to whether you are already funded, in whole or in part, for the proposed work. |
| Source: |  |
| Amount: |  |
| Comment as to overlap/lack of overlap: |  |
| Source: |  |
| Amount: |  |
| Comment as to overlap/lack of overlap: |  |

*Insert rows as needed.*