**Intramural Research Grant Program**

**2017 Registration Form**

# Overview

**Applicants must register for the Intramural Research Grant Program competition to be eligible to submit a Full Application.**

Applicants are advised to review the Canadian Blood Services’ Intramural Research Grant Program Guidelines to ensure alignment of their proposed project with the program objectives, research priorities and eligibility criteria.

An administrative review of the Registrations will be performed by Centre for Innovation staff to assess that basic eligibility criteria have been met. Information provided in the Registration Form will be used to assist with peer review planning.

The completed Registration Form must be delivered to Canadian Blood Services

**by midnight January 31 2017.**

# Instructions

It is the applicant’s responsibility to ensure that all documents are delivered by the deadline. No late submissions will be accepted. **Applicants are encouraged to submit their Registration Form in advance of the deadline as eligible applicants will be provided with the Intramural Research Grant Program 2017 Application Form within three (3) business days of receipt of their Registration Form.**

All documents must be delivered **by email** **to** [centreforinnovation@blood.ca](mailto:centreforinnovation@blood.ca).

**Complete the Registration Form**,ensuring that all fields are complete, including the required signature, before submitting. **Identified page and space limitations must be adhered to**. Sections of the form that exceed the identified limits will not be considered.

No appendices may be added to the Registration Form.

# Section A: General Information

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| --- | --- | --- |
| **PROJECT TITLE** | | |
|  | | |
| **PRINCIPAL INVESTIGATOR\*** | | |
| Family Name: |  | |
| Given Name(s): |  | |
| Location: |  | |
| Email: |  | |
| **CO-INVESTIGATOR(S)\*** | | |
| **Name (Last name, First name)** | | **Affiliation with Canadian Blood Services** |
|  | |  |
|  | |  |
|  | |  |

*Insert rows as needed.*

\*A project team must include a minimum of two investigators (including the Principal Investigator) that are affiliated with Canadian Blood Services (i.e. Canadian Blood Services Scientist, Medical Officer/Director/Consultant, or Adjunct Scientist), and one of the two must be a Canadian Blood Services Scientist or Medical Officer/Director/Consultant. The Principal Investigator and at least one co-investigator affiliated with Canadian Blood Services must be identified in the Registration Form and cannot be subsequently changed. Additional co-investigators and/or collaborators may be added to the final application.

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| --- | --- |
| **BUDGET ESTIMATE**  Provide a budget estimate for the two (2) year duration of the grant. Note that the maximum two-year budget that can be requested is $400,000 ($200,000 per year). | |
| Estimated budget: | $ |

|  |
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| **AGREEMENT** |
| The undersigned agrees that the general conditions governing the Intramural Research Grant Program, as set out in the Guidelines, are accepted by the applicant on behalf of the project team.  Signature: |
| Principal Investigator |
| Name:  Date: |

# Section B: Project Information

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| **RELEVANCY TO RESEARCH PRIORITY AREAS** |
| Identify to which Research Priority Area(s) (RPA) the proposed research project is aligned. |
| RPA 1: Promote Appropriate Utilization RPA 2: Ensure Adequate Supply  RPA 3: Minimize Adverse Effects RPA 4: Optimize Quality  RPA 5: New therapies or technologies |
| **PROJECT OVERVIEW** |
| **In the space below**, provide a brief overview of the broad goals of the proposed research, and describe how the proposed project is relevant to the selected RPA(s) and the objectives of the Intramural Research Grant Program. |
|  |

# Section C: External Reviewers

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| --- | --- | --- | --- |
| **SUGGESTED EXTERNAL REVIEWERS** | | | |
| Suggest at least three (3) Canadian and/or International reviewers that you feel have the expertise to review your application. | | | |
| **Name**  **(Last name, first name)** | **Email Address** | **Institution** | **Area of Expertise** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Insert rows as needed.*

|  |  |
| --- | --- |
| **REVIEWERS TO EXCLUDE** | |
| Provide the names of individuals that you feel cannot provide an objective review of your application. | |
| **Name (Last name, first name)** | **Institution** |
|  |  |
|  |  |
|  |  |

*Insert rows as needed.*