**Intramural Research Grant Program**

**Registration Form**

# Overview

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

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 Registration Form 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 11:59 PM February 1 2019.**

# 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 administrative review will be performed within ten (10) business days of receipt of the Registration Form.**

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

The submitted Registration Form must include the following documents:

1. **Completed Registration Form**: Ensure that all fields are complete, including the required signature, before submitting the Registration Form. **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): |  | |
| Institution: |  | |
| Affiliation with Canadian Blood Services: |  | |
| Email: |  | |
| **CO-INVESTIGATOR(S)\***  **Co-Investigators** are expected to contribute to the research program, and their expertise must be clearly required to address the project goals. Co-Investigators are expected to require material budget items of some nature. | | |
| **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) and at least one of the investigators must be affiliated with Canadian Blood Services (i.e. Canadian Blood Services Scientist, Medical Officer/Director/Consultant, or Adjunct Scientist). **If no Canadian Blood Services-affiliated investigator is identified, the Registration Form will be circulated by the Centre for Innovation to aid in the identification of potential co-investigators affiliated with Canadian Blood Services.**

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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: Promoting appropriate blood product utilization  RPA 2: Ensuring an adequate blood product supply  RPA 3: Minimizing the adverse effects of blood product transfusion  RPA 4: Optimizing blood product quality  RPA 5: Replacing or improving blood products through 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. |
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# 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. You should not suggest reviewers in conflict of interest. | | | |
| **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** |
|  |  |
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*Insert rows as needed.*