**MSM Research Grant Program**

**2017 Registration Form**

# Overview

**Applicants must register for the MSM Research Grant Program competition to be eligible to submit a Full Application.** Applicants are advised to review the Canadian Blood Services’ MSM Research Grant Program Guidelines to ensure alignment of their proposed project with the program objective, research priorities and eligibility criteria.

A review of the Registrations will be performed to assess that basic eligibility criteria have been met. In addition, feedback will be provided should opportunities for strengthening the project be identified. Finally, 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 February 26 2017.**

# Instructions

It is the applicant’s responsibility to ensure that all documents are delivered by the deadline. No late submissions will be accepted. **Eligible applicants will be provided with the MSM Research Grant Program 2017 Application Form within ten (10) business days of the Registration deadline.**

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): |  | |
| Institution, Department, City: |  | |
| Email: |  | |
| **CO-INVESTIGATOR(S)** | | |
| **Name (Last name, First name)** | | **Institution, Department, City** |
|  | |  |
|  | |  |
| **COLLABORATOR(S) and PARTNER(S)** | | |
| **Name of Individual (Last Name, First Name) or Organization** | | **Institution and Department (if applicable), City** |
|  | |  |
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*Insert rows as needed.*

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| **PROJECT TYPE**  A Small project is a one-year project with a maximum budget of $50,000.  A Large project is a two-year project with a maximum budget of $400,000. | |
| Small Project:  Provide an estimated total budget: | Large Project:  Provide an estimated total budget: |
| **AGREEMENT** | |
| The undersigned agrees that the general conditions governing the MSM Research Grant Program, as set out in the Guidelines, are accepted by the applicant on behalf of the project team.  Principal Investigator Signature: | |
| Name: Date: | |

# Section B: Project Information

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| **PROJECT RELEVANCE** |
| **In the space below,** describe how the proposed research is relevant to the objective of the MSM Research Grant Program and the identified Research Priorities described in the guidelines. |
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| **PROJECT DESCRIPTION** |
| **In two (2) pages maximum** (Font size 11), provide a summary of the proposed research. Identify the objectives, hypothesis, scope, nature, and methodological approach of the proposed research. Describe the rationale and significance of the project proposal. Describe the outputs and intended short and long term impact on blood donor deferral policy. |
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# Section C: External Reviewers

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| **SUGGESTED EXTERNAL REVIEWERS** | | | |
| Suggest at least five (5) 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** |
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*Insert rows as needed.*

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| **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.*