##### Blood Efficiency Accelerator Program 2025 Application Form

###### Overview

Applicants are advised to review the Canadian Blood Services’ Blood Efficiency Accelerator 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 July 31, 2025 (Pacific Time)

###### 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](mailto:centreforinnovation@blood.ca).

The submitted Application Package must include the following documents:

1. **Completed Application Form:** Ensure that all fields are complete, including Primary Applicant typed name and date in Section A - Agreement, 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. An abbreviated CV ≤ 10 pages would also be accepted.
   2. **Co-Investigators and/or Collaborators CV:** A single file containing the Canadian Common CV (<https://ccv-cvc.ca/>) in the CIHR Academic format, or an abbreviated CV ≤ 10 pages, for eachCo-Investigator or Collaborator.

# Section A: General Information

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| **PROJECT TITLE** | | | |
|  | | | |
| **PRIMARY APPLICANT** | | | |
| Last Name: |  | | |
| First Name(s): |  | | |
| Preferred Name (Optional): |  | | |
| Title: |  | | |
| Institution: |  | | |
| Phone: |  | | |
| Email: |  | | |
| **INSTITUTION** | | | |
| Institution(s)/Organization(s) where research will be conducted: | | |  |
| Name of Institution(s) that will administer the funds (Institution Paid): | | |  |
|  | | | |
| **AGREEMENT** | | | |
| By typing my name and date below, I, the Primary Applicant, acknowledge that the enclosed application for research funding from Canadian Blood Services represents a project for which the Primary Applicant was responsible for the proposal development. If funded, the Primary Applicant will assume primary responsibility for the implementation and performance of the proposed project.  The Primary Applicant agrees that the general conditions governing the Blood Efficiency Accelerator Program, as set out in the Guidelines, are accepted by the Primary Applicant on behalf of the project team and the institution.  ☐       By ticking this box, I declare that to my knowledge, no team members, including trainees, involved in this project are or will be affiliated with, or in receipt of funding or in-kind support, from an organization included on the Government of Canada’s ‘[Named Research Organizations](https://science.gc.ca/site/science/en/safeguarding-your-research/guidelines-and-tools-implement-research-security/sensitive-technology-research-and-affiliations-concern/named-research-organizations)’ list, for the duration of the project. | | | |
| First, Last Name | |  | |
| Date (YYYY-MM-DD) | |  | |

# Section B: Project Team

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| **PROJECT TEAM** | | |
| **In the table provided**, list all proposed Co-investigators and Collaborators that have been identified to work on the proposed project. In two separate files, provide a full Canadian Common CV (<https://ccv-cvc.ca/>) in the **CIHR academic format or equivalent** (an abbreviated CV ≤ 10 pages would also be accepted each applicant) for the 1) Principal Investigator, and 2) all Co-investigators and/or Collaborators. | | |
| **Name** | **Position and Institution** | **Email** |
| **1.** |  |  |
| Role in project: | | |
| **2.** |  |  |
| Role in project: | | |
| **3.** |  |  |
| Role in project: | | |

*nsert rows as needed.*

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| **HIGHLY QUALIFIED PERSONNEL (HQP)** | | |
| **In the table provided**, list all trainees that have been identified or are proposed to work on the project. Briefly discuss their involvement and the expected training value of the project, outlining how activities proposed are appropriate to the training level of the research personnel involved. The inclusion of trainee(s) in the project is not an eligibility requirement. | | |
| **Name** | **Trainee Level and Institution**  **(MD, PDF, PhD, Master, Undergraduate)** | **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 Program’s objective, including identified priorities, and how research uptake will be facilitated. If the project is funded, **this summary may be published on Canadian Blood Services’ website.** |
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| PROJECT PROPOSAL |
| **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 objectives and priorities of the Program; 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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| KNOWLEDGE TRANSLATION PLAN |
| **In the space provided**, provide a brief and clear description of the short- and long-term knowledge translation plans for the proposed research, including how the proposed research will further the long-term goals and objectives of the Blood Efficiency Accelerator Program. Identify the intended audience for the research, how the research results will be shared, and how the audience will use the research results. If relevant, identify any partners that will help in the application of the research results. In addition, indicate the tools and resources that will be developed to promote uptake of the research results. |
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| SEX AND GENDER-based analysis + (SGBA+) | |
| Sex and gender-based analysis including other social determinants that may affect health (SGBA+) has the potential to make health research more rigorous, more reproducible, and more applicable to everyone. SGBA+ 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, gender, and other social determinants that may affect health 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 |
| Are other social determinants that may affect health (ethnicity, income, age, education, etc.) taken into account in this proposal? | Yes  No |
| Describe how sex, gender, and other determinants that may affect health will be considered in your research proposal. If they are not considered in your proposal, explain why not. | |
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| **ADDITIONAL APPROVALS** | |
| Indicate if the proposal involves the following.  Note that this information is used for administrative purposes, if the application is successful, to ensure that appropriate approvals are in place to execute the project **within 6 months** followingthe release of funds. This information is not used to evaluate the merit of the application. | |
| **Biohazards: Pathogenic agents** | Yes  No |
| **Biohazards: Radioisotopes** | Yes  No |
| **Ethics: Human Experimentation** | Yes  No |
| **Ethics: Animal Experimentation** | ☐ Yes ☐ No |
| I understand that if successful, it is the responsibility of the Primary Applicant (Principal Investigator) to ensure all appropriate approvals are in place within 6 months following the release of funds. I certify that the additional approvals, as outlined above, will be obtained to conduct this research. | Yes  No |

# 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 assistant(s) |  |  |  |  |
| Technician(s) |  |  |  |  |
| Other personnel |  |  |  |  |
| **Research trainees** | | | | |
|  | No. | Stipend | Benefits | Funds Requested |
| Postdoctoral fellow(s) |  |  |  |  |
| Graduate student(s) |  |  |  |  |
| Undergraduate student(s) |  |  |  |  |
| **Materials, Supplies, and Service** | | | | |
|  | | | | Funds Requested |
| Animals\* | | | |  |
| Materials and supplies | | | |  |
| Services | | | |  |
| Equipment (maximum $8500) | | | |  |
| Travel | | | |  |
| Meeting costs | | | |  |
| Publication costs | | | |  |
| Other | | | |  |
| **TOTAL** | | | |  |

\* Funding for animal studies is dependent upon an approved animal protocol. If animal studies are contracted out, include this budget allocation under “Services”.

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| **BUDGET DETAILS** |
| Provide a detailed justification for all budget items requested. In-kind contributions to the project and other sources of funding for the project must also be identified. (2 page limit) |
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| **REAL OR PERCEIVED BUDGETARY OVERLAP** | |
| **In the space provided below**, supply details of any other sources of funds which may also support the proposed project. Use this space to dispel any uncertainties of overlap 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.*