**Kenneth J. Fyke Award Program**

**Application Form**

# Overview

Applicants are advised to review the Canadian Blood Services’ Kenneth J. Fyke Award Program Guidelines to ensure alignment of their application with the program objectives, research priorities, and eligibility criteria.

The complete application package must be delivered to Canadian Blood Services

**by 11:59 PM November 30 2018**.

# Instructions

It is the applicant’s responsibility to ensure that the complete Application Package is 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 signatures, before submitting the application. **Page/space 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. **Project Team Member(s) CVs:** A single PDF of a full Canadian Common CV (<https://ccv-cvc.ca/>) in the **CIHR Academic format or equivalent** for all identified project team members. See Section C for details.

# Section A: General Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROJECT TITLE** | | | | |
|  | | | | |
| **APPLICANT** | | | |
| Family Name: |  | | |
| Given Name(s): |  | | |
| Title: |  | | |
| Institution: |  | | |
| Phone: |  | | |
| Email: |  | | |
| **INSTITUTION** | | | | |
| Institution/Organization where research will be conducted: | | | |  |
| Faculty/School/Department 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 for 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 Kenneth J. Fyke Award Program, as set out in the Guidelines, are accepted by the applicant on behalf of the project team and the institution. | | | |
| Applicant | | Head of department at institution paid | |
| Name:  Date: | | Name:  Date | |

# Section B: Project Proposal

|  |
| --- |
| **PROJECT SUMMARY** |
| **In 200 words maximum**, provide a summary, 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. If the project is funded, **this summary may be published on Canadian Blood Services’ website.** |
|  |

|  |
| --- |
| **PROJECT PROPOSAL** |
| **In nine (9) 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 nine (9) page limit. |
|  |

|  |  |  |
| --- | --- | --- |
| **HEALTH AND SAFETY CERTIFICATION** | | |
| Indicate if the proposal includes research involving human participants and if ethics approval has been applied for or obtained. Note that this information is used for administrative purposes to ensure that research ethics approval is in place prior to the release of funds and is not used to evaluate the merit of the application. | | |
| Human Experimentation | |
| Has ethics approval been applied for or obtained? | Yes  No  Not applicable |

|  |  |
| --- | --- |
| **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 C: Project Team

In the tables below, list all proposed project investigators and project collaborators. **Project Investigators** are investigators affiliated with Canadian Academic Institutions who are requesting Canadian Blood Services funding. **Project Collaborators** are investigators who are not requesting funding from Canadian Blood Services but who will be collaborating on the project. Do not include trainees and personnel as either Project Investigators or Project Collaborators.

In a separate file, provide a full Canadian Common CV (<https://ccv-cvc.ca/>) in the **CIHR Academic format** **or equivalent** for all identified project investigators and project collaborators.

|  |  |  |
| --- | --- | --- |
| **PROJECT INVESTIGATORS** (Investigators requesting funds from Canadian Blood Services) | | |
| **Name** | **Position and Institution** | **Email** |
| 1. **Applicant**: |  |  |
| Role in project: | | |
|  |  |  |
| Role in project: | | |
| 3. |  |  |
| Role in project: | | |

*Insert rows as required.*

|  |  |  |
| --- | --- | --- |
| **PROJECT COLLABORATORS** (Investigators not requesting funds from Canadian Blood Services) | | |
| **Name** | **Position and Institution** | **Email** |
|  |  |  |
| Role in project: | | |
|  |  |  |
| Role in project: | | |

*Insert rows as required.*

# Section D: Project 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.

|  |  |  |
| --- | --- | --- |
| **TOTAL BUDGET REQUESTED:** | | **$** |
| **Budget requested for Principal Investigator:** | **Insert Last Name** |  |
| **Budget requested for project investigator:** | **Insert Last Name** |  |
| **Budget requested for project investigator:** | **Insert Last Name** |  |

*Insert rows as required.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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) |  |  |  |  | |
| Summer student(s) |  |  |  |  | |
| Materials, Supplies, and Service | | | | | |
|  | | | | | Funds Requested |
| Equipment (maximum $8500) | | | | |  |
| Materials and supplies | | | | |  |
| Services | | | | |  |
| Meeting costs | | | | |  |
| Travel | | | | |  |
| Publication costs | | | | |  |
| Other | | | | |  |
| **TOTAL** | | | | |  |

|  |
| --- |
| **BUDGET DETAILS** |
| **In seven (7) pages maximum,** provide a detailed justification for all budget items requested. In addition, outline how funds will be allocated between the Project Investigator(s). In kind contributions to the project must be identified. |
|  |

|  |  |
| --- | --- |
| **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.*