

New Investigator Research Grants Application Package Deadline: November 15, 2011

This grant competition is highly competitive. New investigators should contact their institution's research awards or grants management office to discuss any potential internal process that may be required, and we recommend an internal peer-review before submission to the Foundation.

NEW: Please note that to be eligible for consideration of funding, grant applicants must have a clearly-identified mentor (or mentors) for their project. An attached supporting letter from the mentor/s outlining the mentorship plan is an absolute requirement.

Please ensure all required documentation is included before submitting your application.

For competition criteria and guidelines, please refer to the New Investigator Research Grants Guidelines for Applicants document.

Resubmissions

An applicant who did not receive funding may submit a revised application in a future competition, providing they still meet eligibility criteria. A maximum of one resubmission is permitted per project. Applicants of a resubmission should provide a letter (no longer than two pages) to the Grant Review Committee addressing itemized concerns raised by reviewers. Resubmissions will be assessed under the same criteria as first-time applications but with special attention to the responses to reviewers' comments.

Format

1. **Grant Summary Sheet** (1 page maximum) which must be emailed as a separate standalone document in word format to national.grants@sickkidsfoundation.com
2. **Application Package** please email the complete application package **in one document (pdf is fine)** to national.grants@sickkidsfoundation.com
3. **Please mail (or courier) one original signed hard copy of the completed application.**
 - 12-point font size must be used and the text of the proposal may be single-spaced and can be printed double sided
 - Applications must not be bound and the original copy should not be stapled.

Deadline

Applications must be received by **5:00 pm EST on Tuesday, November 15, 2011.**

Acknowledgement of receipt of application will be emailed to all applicants within 10 working days of the deadline. If you do not receive an acknowledgement of receipt email within 10 days please contact the Foundation.

Contact Us

Email: national.grants@sickkidsfoundation.com

Telephone: 416.813.6166 x2354

National Grants

SickKids Foundation

525 University Avenue, 14th Floor

Toronto, ON M5G 2L3

New Investigator Research Grants - Applicant Checklist

Please check off what has been included in this application and attach this checklist.

Mandatory Attachments

The following **must** be submitted by the deadline of November 15, 2011:

1. **Grant Summary Sheet** (1 page maximum), which must be emailed as a separate standalone document in word format to national.grants@sickkidsfoundation.com
2. **Application Package** please email the complete application package **in one document (pdf is fine)** to national.grants@sickkidsfoundation.com (and send one original, signed hard copy).

- Resubmission? If yes, include your two page cover letter
- Applicant Checklist (this document)
- New Investigator Grant Application Form (maximum 20 pages)

Application Appendices (maximum 20 pages, excluding CVs)

- Suggested Peer Reviewers List (please do not suggest reviewers with whom you may have a conflict of interest) (1 page)
- Full Curriculum Vitae (CV) for Principal Investigator (*CIHR/Common CV format*) and Short CV for Co-Investigators
- Budget Justification up to a maximum of 5 pages
- Letter from Department or Division Head
- Letter of support from Mentor and include CV
- Letter documenting a break in research career if applicable
- Optional attachments including charts and diagrams

Necessary Approvals are mandatory for projects involving human or animal subjects and natural health products (these approvals may be obtained after application is successful:

	ATTACHED	PENDING	NOT APPLICABLE
Ethics Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal Care Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Canada Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Incomplete applications will not be considered for funding.

New Investigator Research Grants

Grant Application Summary Sheet

(one page maximum)

This summary sheet must be submitted as a standalone document in word format from the application package.

Short Project Title:

Applicant & Sponsoring Institution:

Co-Investigators & their institutions:

Project Dates & Duration:

Research Operating Budget Summary (up to \$100,000 per year for up to 3 years):

Year 1: \$_____ Year 2: \$_____ Year 3: \$_____ Total: \$_____

Project outline in lay language, under the following headings:

Background

Specific Objectives

Hypothesis

Methods

Expected Results

New Investigator Research Grants

Grant Application for Project Support

Grant Summary Sheet (1 page), which must be emailed as a separate standalone document in word format to national.grants@sickkidsfoundation.com
Application Package please email the complete application package **in one document (pdf is fine)** to national.grants@sickkidsfoundation.com (and send one original, signed hard copy)

This form is not to be used per se, but the numbering and heading system shown herein must be replicated. The total length of the application must not exceed **20 pages**, excluding appendices and references (appendices and references may be included up to a maximum of **20 pages** including budget justification), in 12 pt. single spaced type. A maximum of **8 pages** total in length will be considered for Research Proposal Components.

Research Sectors (*please check which research sector applies to your project*)

- Biomedical Health Systems and Services
 Clinical Population and Public health

Please answer all questions

1. Name of Sponsoring Institution (*i.e. the institution where the funds would be held if the grant is awarded*):
2. Revenue Canada Charitable Registration Number for the **sponsoring** institution (*All hospitals and universities have a Charitable Registration Number, which has the form xxxxx-xxxx-RRxxxx; contact the development office at your institution if you are having difficulties identifying this number*):
3. Principal applicant(s) name:
Title and Department:
Area of expertise:
Telephone number and e-mail:
Signature and Date of Application: _____
4. Department or Division Head name:
Title:
Signature: _____
5. a) Co-applicants(s) of the project, including name, title, department, area of expertise, telephone number and e-mail for each:
b) Project Mentor, including name, title, department, area of expertise, telephone number and email:
6. a) Short Title of Project:
b) Area of Project Research:

7. Project Duration:
8.
 - a) Where will the project be carried out?
 - b) Will the participation of other institutions or agencies be required? If yes, please list these institutions/agencies and attach letters indicating their agreement to participate.
9. If this is a revised, resubmitted application, please provide the original SickKids Foundation file number and the two page cover letter addressing reviewers concerns.
10. Has an application been made to any other agency (agencies) for support of this project? If yes, give names and amounts requested. If a decision is still pending, include grant deadline dates for the submission. If you have received confirmation of partial funding of this project from other granting agencies, list the agency, the amount of funding confirmed and the duration of the funding.
Note: *If additional funding support is required from other agencies for completion of this project, you must append letters from these agencies confirming their financial support of this project.*
11. Does the project involve human and/or animal experimentation or clinical examination of patients? If yes, append approval by an appropriate Ethics Committee, or ensure that the Foundation receives a copy of the approval within 60 days if proposal is approved.
12. Person who will administer the funds (this should be someone in the research accounting office) on behalf of the sponsoring institution:
Name,
Title and Department:
mailing address:
telephone number and email:
Signature: _____

Research Proposal Components

*Please respond to the following questions (13 – 17 with a maximum of **8 pages** total in length, not including references). Refer to our assessment criteria in the Application Guidelines in responding to these questions. In the references, any articles to which the applicants have contributed must include a complete authorship list.*

13. State what and how the objectives of the project are relevant to the improvement of child health in Canada.
14. Outline the present state of knowledge and provide a brief review of the literature relevant to the proposed project.

15. Indicate relevant work on related projects by the applicant(s) and others in your health sciences centre or region. (Include references to pertinent publications).
16. Provide an outline of the proposed project including the methodology and research design. Documentation should include rationale for the choice of measuring instruments/scales as well as documentation of those not in standard use.
17. What criteria will be used to measure whether the objectives have been achieved, and how (in some detail) will they be applied?
18. Provide your Knowledge Translation (KT) plan. Please see the KT guide and plan development tool provided at: www.sickkidsfoundation.com/grants and clicking on Knowledge Translation Resources for Researchers. (Note that up to 15% of your budget may be used to support your KT plan).
19. Mentorship training plan to a maximum of one page describing the current relationship with your mentor, the details of the mentoring plan and a description of the training environment.
20. Your overall project budget should include the following information: expenses in each year, total project budget, and total requested from SickKids Foundation – CIHR IHDCYH, and also show any funds being requested from other sources. Appended budget justification up to a maximum of five pages.

Example:

Budget Item	Year 1	Year 2	Year 3	Project total
Salary for Research Coordinator (.5 FTE) 20 hrs./wk x \$18/hr	\$18,720	\$18,720	\$18,720	\$37,440
Photocopying	\$600	\$600	\$600	\$1,800
Travel to conferences		\$2,000		\$2,000
Computer & Equipment	\$10,000			\$10,000
KT plan activities (up to 15%)	\$15,000	\$15,000	\$15,000	\$45,000
Continue to list all line items...
Total research operating maximum:	\$100,000	\$100,000	\$100,000	\$300,000

Ensure that expenses are clearly linked to the project activities described in the application. To ensure reviewers can properly assess your proposal, you are encouraged to attach a **budget justification (to a maximum of five pages)**. Any line items that are not justified may be removed. If this grant request is for partial project support from this grant program, please provide full details of other funding sources for the project.

Itemize the following, if applicable, in the budget:

- All personnel to be engaged in project, including titles and information on hourly wage, as well as yearly salary and benefits
- Equipment required for project
- Supplies and/or office expenses
- Other expenses (*give details*).

Appendices

Suggested Peer Reviewers (1 page)

Please provide a list of 5 potential peer reviewers for this application. These should be individuals who have recognized expertise in the area of study and who are not in any way involved with the project. Individuals should not be associated with the sponsoring institution. For each of the five individuals give the following information: name, title and area of expertise, institution, telephone number, e-mail address and area of expertise:

Curriculum Vitae

Please include **FULL** CV's for each **principal** applicant. The CV's must be CIHR/Common CV format. For the co-applicants please submit 2 page CV's

Budget Justification (maximum of 5 pages)

Institutional Support

Please include a letter of support from Department or Division Head. This letter must indicate the ways in which the institution will support the applicant, in terms of resources (lab space, computer hardware, etc.), and research time for the applicant. If the principal investigator is a Medical Doctor or Health Care Clinician, the letter from the individual's Department or Division Head must also guarantee that at least 50% of the applicant's time will be protected research time for the duration of the project.

Mentorship Support

Please include a letter of support from your Mentor. This letter must indicate the ways in which the Mentor will support your research plan.

Please see the applicant checklist for instructions on what to include in the appendices.

****N.B.****

Please note that you must include all essential information pertaining to the project in the body of the application and not in the appendices. The application will be seriously disadvantaged if the reviewers do not find the project information complete and satisfactory.

National Grants

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