**DCCM Run for Our Lives Funding Grant Competition**

**Deadline: May 30th, 2018 1700h**

**Type of Funding Requested:**

**Clinical Research**

**Educational Project**

**Quality Improvement Project**

**Health Services Research**

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| **A. ADMINISTRATIVE DETAILS:** |
| **Title of Project:**  |
| **Principal Investigator:**  |
| Name |
| Position |
| Address |
| Phone |
| Email |
| **Co-Principal Investigator:** If applicable, please indicate any co-principal investigator(s) here.  |
| Name |
| Position |
| Address |
| Phone |
| Email |
| **Collaborators:** Please list the name, position, affiliation and contact information for each collaborator.  |
| **Please attach CVs of Principle Investigator(s) and Co-PIs, if relevant.**  |
| **Lay summary (max 10 lines):** |

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| **Relevance of application to DCCM:**  |

**Health Canada CTA approval:** yes no pending not applicable

**Research Ethics Board approval:** yes no pending

**Approvals:** Please obtain the signatures indicating review and approval as indicated.

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| **PI:** **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Operational and/or Medical Lead Responsible for the Location of Conduct of the Study (ex ICU Medical Director or Patient Care Manager)** **Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **B. PROJECT PROPOSAL:** Maximum of 4 pages in length (minimum 12 point font, 1 inch margins) not including figures or references.  ***Please include the following sections/information:*** Background/Justification Purpose, specific objectives, hypothesis or study questionProject design/methodologyProject Relevance and Impact, including patient/family involvement in planning, conduct or potential benefit **PLEASE APPEND 4 PAGE PROPOSAL** |

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| **C. OTHER INFORMATION:**  |
| 1. Ethical issues and study limitations (if any)
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| 1. Timeframe
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| 3. References (please attach additional pages if necessary).  |

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| **D. FUNDING INFORMATION SUMMARY:** The maximum award amount is $10,000, expendable over one year. Projects should be completed within the one year duration.  |
| Anticipated start date of the project:  |
| Proposed project duration: Do we have your permission to share your proposal with internal stakeholders: Yes No  |
| Have you secured other match funds for this proposal: Yes No  |
| Is other matched funding dependent on DCCM funding Yes No  |
| Please detail the funder for you matched cash funds, requested amount and decision date/funding decision. Please also indicate who will administer the funds (name, title, affiliation).  |

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| 1. **Budget Request:**  Please append a budget justification.
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**F: SUBMISSION**

Submit 1 electronic copy of all documents including:

1. application form
2. project proposal
3. budget
4. CV’s (maximum 4 page biosketch)

to Dr. Sean Bagshaw: ccmchair@ualberta.ca

**G: QUESTIONS**

If you have questions about the granting process, contact

• Dr. Sean Bagshaw bagshaw@ualberta.ca 780-248-1256