

Routing Slip of Registration/Application

Complete and forward this sheet with the original copy of your registration/application to ensure that it is forwarded directly to the appropriate CIHR departments and staff. This sheet should not be included in the copies.

If you are using the webforms to complete your registration/application, these fields will be populated from within the application. **If you are using the PDF, manually fill in these fields.**

This routing slip is for CIHR's administrative use only.

Nominated Principal Applicant/Candidate	
Personal Identification Number (PIN)	
Application Number	
Competition Date	
Project Title	
Name of Research Funding Program (see page one of the Research Module)	
Name of Salary Support (see page one of the Research Module)	
Name of Strategic Initiative/RFA	
Name of Industrial Partner(s)	
Name of Partnership Program	
Name of Special Programs	
CIHR's Priority Announcements	
Sponsoring Institute(s)/Office 1:	Priority / Mandate
Sponsoring Institute(s)/Office 2:	Priority / Mandate
Sponsoring Institute(s)/Office 3:	Priority / Mandate
1st Suggested Peer Review Committee	
2nd Suggested Peer Review Committee	



Application Number

RESEARCH MODULE

Research funding program(s)	CIHR	Rx&D*	SME*	Salary Support	CIHR	Rx&D*	SME*		
Operating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New Investigator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Randomized Controlled Trials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Senior Investigator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Senior Research Fellowship (Phase 2)	<input type="checkbox"/>				
Combined Equipment and Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinician Scientist (Phase 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> New	<input type="checkbox"/> Renewal
New <input type="checkbox"/> Renewal <input type="checkbox"/>	Funding Reference Number (FRN)			Research Chair		<input type="checkbox"/>	<input type="checkbox"/>		
If this is part of a CIHR Group application provide name of Director:				* A letter of intent to CIHR must precede submission to these programs.					

Competition Date:

Proposed Start Date (MM/YYYY) | (Salary Programs Only)

Nominated Principal Applicant / Candidate

Surname

Given Names

Project Title:

Primary location where research will be conducted

Department

Faculty

Is this a multi-center study?

Yes

No

Institution which will administer project funds (Institution Paid)

CERTIFICATION REQUIREMENTS

If this research will involve any of the following, check the box(es). If the grant is awarded, the necessary certification requirements must be met in accordance with policies on ethical conduct of research.

Human subjects Human stem cells Animals Biohazards Environmental assessment

A requirement for containment Level 1 2 3 4

Period of support requested: (For Grants only) Years Months

Language in which proposal is written English French

Amount Requested from CIHR in First Full Year (For Grants only)

Operating Equipment Total requested

It is agreed that the general conditions governing Grants and Awards, as well as the statement "Meaning of Signatures on Application Forms" as outlined in the Canadian Institutes of Health Research Guides apply to any grant or award made pursuant to this application and are hereby accepted by the applicant(s) and the applicant(s)' employing Institution(s).

The nominating institution recommends this candidate for the salary support award and undertakes (1) to provide adequate accommodation and research facilities, (2) to provide the candidate with an appointment which allows him/her the time to pursue the proposed research (a faculty appointment for those working in a University or affiliated Institution) and freedom to publish the results of the research in the public domain.

Signature of President or Principal of Institution	Signature of Head of Department	Signature of Dean of Faculty or Director of Institution
Print Name:	Print Name:	Print Name:
Date:	Date:	Date:

Name of Nominated Principal Applicant/ Candidate and Primary location of Research	Total Grant Amount Requested from CIHR (1 st year)
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Signatures

List all applicants in the following order: Nominated Principal Applicant / Candidate, Principal Applicants and Co-Applicants. Print additional pages if necessary.

It is agreed that the general conditions governing Grants and Awards, as well as the statement "Meaning of Signatures on Application Forms" as outlined in the Canadian Institutes of Health Research Guides apply to any grant or award made pursuant to this application and are hereby accepted by the applicant(s).

Name	Given Names	Role	Signature
Institution	Department	Faculty	Date
Name	Given Names	Role	Signature
Institution	Department	Faculty	Date
Name	Given Names	Role	Signature
Institution	Department	Faculty	Date
Name	Given Names	Role	Signature
Institution	Department	Faculty	Date
Name	Given Names	Role	Signature
Institution	Department	Faculty	Date
Name	Given Names	Role	Signature
Institution	Department	Faculty	Date
Name	Given Names	Role	Signature
Institution	Department	Faculty	Date

APPLICANTS' ORGANIZATIONS AND/OR SUPPORTING ORGANIZATIONS (if organization different from Page 1)

An authorized official from each institution other than the Institution Paid must sign this page. Additional Signature Pages will be accepted.

It is agreed that the general conditions governing grants and awards in the Grants and Awards Guides, as well as the statement "Meaning of Signatures on Application Forms?" apply to any grant or award made pursuant to this application and are hereby accepted by the organization.

Family name and given name of signing officer, title of position, and name of organization	Signature



Canadian Institutes
of Health Research

Instituts de recherche
en santé du Canada

ACKNOWLEDGEMENT TO THE INDUSTRIAL PARTNER (if applicable)

This will acknowledge receipt of the application of

Acknowledgement to be sent to the company contact person (Give name and mailing address)

Program Applied to:

Canadian Institutes of Health Research



Canadian Institutes
of Health Research

Instituts de recherche
en santé du Canada

ACKNOWLEDGEMENT TO THE NOMINATED PRINCIPAL APPLICANT OR CANDIDATE

This will acknowledge receipt of your application.

Acknowledgement to be sent to:
(Give name and mailing address)

Program Applied to:

Total amount requested (1st year - Grants only):

Canadian Institutes of Health Research

Please note: You are required to inform CIHR of any applications submitted, or funds received, to support this research during the review period of this application

Name of Nominated Principal Applicant / Candidate and Primary location of Research	Total Grant Amount Requested from CIHR (1 st year)
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Telephone No.	Fax No.	E-mail address
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Location where research will be conducted

Lay title of research (two lines only)

Principal Applicant(s) and Co-Applicants

Abstract (suitable for preparation of a press release)

Provide, in 15 lines or less, a non-technical summary of your research, written in simple and clear language suitable for a lay audience. The summary should indicate how your research, ultimately can improve personal health, the health of populations and / or the health delivery system.

Name of Nominated Principal Applicant / Candidate and Primary location of Research	Total Grant Amount Requested from CIHR (1 st year)
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Information Page to be completed by Nominated Principal Applicant / Candidate: FOR ADMINISTRATIVE USE ONLY

Suggested Peer Review Committees: (not applicable for Industry-Partnered or Group core applications)

- 1.
-
- 2.

Suggested External Referee(s) (All Grants and Awards) Names / Addresses / Telephone No's. / E-mails	Areas of Expertise
1.	
2.	
3.	
4.	
5.	
6.	

Nominations for Future CIHR Committee Member(s) (All Grants and Awards)

Give name and Institution of a scientist in your field you would like to see on a future CIHR committee. Include his / her areas of expertise and proposed committee.

Name	Institution	Proposed Committee	Areas of Expertise
1.			
2.			
3.			

Name of Nominated Principal Applicant / Candidate and Primary location of Research	Total Grant Amount Requested from CIHR (1 st year)
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Information Page to be completed by Nominated Principal Applicant / Candidate: FOR ADMINISTRATIVE USE ONLY

If necessary, indicate those reviewers to whom you would prefer that the application NOT be sent. (Provide addresses)

Descriptors:

Provide keywords to describe the research project, the techniques and the methodologies to be employed, and the diseases or conditions the research addresses. No additional pages may be added.

List Collaborators. (For purposes of avoiding conflict of interest during reviewer assignment)

Surname	Given Name	Institution
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Degrees / Appointment (Salary Support Programs Only):

Degrees Held: PhD MD MD/PhD Other (specify) _____

As of this competition deadline, for how long will the Principal Applicant / Candidate have held an appointment as an independent investigator?

- Less than 24 months 24 months, but less than 60
 60 months, but less than 10 years 10 years or more

Name of Nominated Principal Applicant / Candidate and Primary location of Research	Total Grant Amount Requested from CIHR (1 st year)
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Information Page to be completed by Nominated Principal Applicant/ Candidate: FOR ADMINISTRATIVE USE ONLY

The information on this page will not be used in the evaluation of the application.

- Strategic Initiative/RFA _____
- Industrial Partner(s) _____
- Partnership Program _____
- Special Program _____
- I request that this application be considered for funding through CIHR's Priority Announcements.

Before proceeding, applicants are required to read Priority Announcements: Additional opportunities for support through CIHR's open competitions (<http://www.cihr-irsc.gc.ca/e/services/19739.shtml#?>) for details regarding participating Institutes / Offices and individual announcements, including available open competitions and specific instructions on how to apply. Note that in response to some announcements you may be required to complete a 'responsiveness' form.

Applicants may respond to a maximum of three priorities and/or mandates per application. As more than one priority may be listed within one announcement, an Institute / Office may be selected more than once.

Sponsoring Institute(s)/Office:	Priority/Mandate
1.	
2.	
3.	

Is this application a resubmission of a previously

unsuccessful new application Yes No

unsuccessful renewal application Yes No Was a Terminal Grant Awarded? Yes No FRN: _____

If you are attempting to rejoin an ongoing group, provide name of Director: _____

Areas of Research	Primary:
	Secondary:
Classification Codes	Primary:
	Secondary:

Suggested CIHR Institute(s)

Select a primary CIHR Institute whose research mandate is related to this application's research area(s) and objective(s). A second, third and fourth CIHR Institute should be indicated only if the substance of this grant application significantly overlaps with the research mandate of additional Institute(s).

Primary Choice:	Third Choice:
Second Choice:	Fourth Choice:

Themes

Indicate a primary theme classification by typing in the number 1 next to the selected theme. Indicate a second, third and fourth theme classification only where the substance of this grant application significantly overlaps more than one theme (use numbers 2, 3 and 4 to indicate the selections in order of importance).

- Biomedical Research
- Clinical Research
- Research respecting health systems and health services
- Research on societal, cultural and environmental influences on health and the health of populations

How to prepare and format all attachments:

Attached documents may be prepared in the word processing software package of your choice, printed and included with the application form.

Please follow these guidelines for formatting each page of an attachment. Failure to follow these guidelines may result in the administrative withdrawal of your application.

- At the top of each page, indicate your name, the project title, the amount requested in year 1 and the section title (e.g. Summary of Research Proposal).
- At the bottom of each page clearly indicate the page number (e.g., 9, 10, 11a, 11b etc).
- Type on one side of the paper only.
- A minimum margin of 2 cm (3/4 inch) around the page is mandatory.
- Observe page limitations, additional pages may NOT be added unless specified.
- Use only letter size (21.25 X 27.5 cm / 8.5" X 11") white paper for all attachments.
- Supporting documents should be photo reduced if the originals are larger than (21.25 X 27.5 cm / 8.5" X 11").
- No supplementary audio or video material will be accepted.
- A font size of 12 point, black ink. Six lines per inch. No condensed type or spacing.

Summary of research proposal - Attach one page numbered Page 9

New Investigator, Clinician Scientist candidates and grant applicants should summarize the objective(s), hypothesis and research plan. Investigator and Senior Investigator candidates should summarize their 5 year plan.

For equipment and/or maintenance applications that are not part of an operating grant application: (a) itemize and briefly describe the equipment and/or maintenance requested, (b) briefly describe how the requested items will support your CIHR-funded research program.

Summary of progress - Attach one page numbered Page 10

Do not include references, tables, charts, figures or photographs.

For renewal applicants, summarize progress under the current grant and, if applicable, identify the term of your current MRC/CIHR grant. New applicants are encouraged to summarize previous work relevant to this application.

New Investigator, Senior Research Fellowship and Clinician Scientist candidates should describe the research undertaken as a trainee, and, if applicable, as an independent investigator. In addition, these candidates should address their research relationship with previous supervisor(s). For Investigator and Senior Investigator and Industry-partnered Research Chair candidates, describe the research you have been engaged in over the last five years and the results obtained.

Response to previous reviews - Attach up to two pages numbered Page 11a and 11b

If applicable, applicants may respond to previous reviewers comments if this is a resubmission of an unsuccessful application. The response should stand alone, and should not require reference to any other document because the reviewers do not have access to previous application information.

Research proposal numbered Page 12a, 12b, 12c etc

Applicants for all Research Funding Programs, should provide a clear, concise description of their research proposal. A maximum of 11 pages may be attached in the case of one or two applicants, or 13 pages in the case of three or more applicants.

Applicants to the New Investigator and Clinician Scientist (Phase 2) programs should provide a clear concise description of their research proposal. Maximum of 11 pages may be used.

Applicants to the Investigator and Senior Investigator and Industry-partnered Research Chair programs should describe their program of research for the next five years. A maximum of six pages may be attached.

Applicants to Operating Grants who require equipment/maintenance for their research project should apply for funds using the Operating Grants Budget Module within their Operating Grants application.

Applicants who require equipment/maintenance for a research project other than the one described in their Operating Grant application should apply for funds using the Equipment/Maintenance Grants modules and must follow the *special instructions* for the Research proposal in the Guidelines for completion of the Research Module. A maximum of 5 pages in the case of one applicant or 7 pages in the case of two applicants may be attached.

Page limits do not include references, tables, charts, figures and photographs. Legends should be succinct. Detailed descriptions of methods and discussion of results should be included in the body of the proposal. They should not be in the legends nor included as an appendix. Questionnaires and consent forms may be attached as appendices, where applicable.

Name of Nominated Principal Applicant / Candidate and Primary location of Research	Total Grant Amount Requested from CIHR (1 st year)
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APPENDIX 1 – Attachments for Research Funding Programs only

1. Letters of collaboration and support.
 - a) Letters of collaboration:
Collaborators who are expected to make a significant scientific contribution and who are not listed as applicants must provide a signed statement.
 - b) Letter(s) of support:
In the case of a pending appointment, the Dean of the Faculty should send a letter indicating the date the appointment is expected to take effect. Do NOT append letters in general support of the research.
2. Questionnaires and consent forms may be attached as appendices when applicable.
3. Up to five publications from the past five years, relevant to this proposal, may be appended.

List the names of the individuals providing letters as described in Appendix 1 – Letters of collaboration and support.

Name	Position Held	Institution	Support	Collaborator

Name of Nominated Principal Applicant / Candidate and Primary location of Research	Total Grant Amount Requested from CIHR (1st year)
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APPENDIX 2 – FOR SALARY SUPPORT PROGRAMS ONLY

ATTACHMENTS REQUIRED

For the program to which you are applying, append the following documents:

NOTE: Sponsor's letters must be provided in an envelope, sealed at the source and preferably included with the application.

New Investigators

- 1. Three sponsors' letters
- 2. Letter from Dean of Faculty or Director of Research
- 3. Appendix 2(A)

Investigators

- 1. Three sponsors' letters *
- 2. Letter from Dean of Faculty or Director of Research
- 3. Appendix 2(A) - Parts 1 and 2

* One of these letters must be from an individual outside the candidates' current department and outside the department where the award will be held. Another should be from an individual with whom the candidate has never collaborated or from an individual outside of Canada.

Senior Investigators and Industry-partnered Research Chairs

- 1. Three sponsors' letters **
- 2. Letter from Dean of Faculty or Director of Research
- 3. Appendix 2(A) - Parts 1 and 2

** All three of these letters must be from international experts in the candidates' field of research. At least two of these should be from individuals outside Canada.

Clinician Scientists (Phase 2)

- 1. Three sponsors' letters
- 2. Sponsor letter from research mentor***
- 3. Letter from Dean of Faculty
- 4. Appendix 2(A)

*** If a research mentor has been identified, he or she should provide a letter of support describing his or her knowledge of the candidate and any plans to help the candidate establish a career as an independent investigator.

List the names of individuals providing letters

Name of Nominated Principal Applicant / Candidate and Primary location of Research	Total Grant Amount Requested from CIHR (1 st year)
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APPENDIX 2(A) ATTACHMENTS REQUIRED FOR SALARY SUPPORT PROGRAMS ONLY TO BE COMPLETED BY THE HEAD OF THE DEPARTMENT

Part 1. OTHER RESPONSIBILITIES OF THE CANDIDATE (Attach one page)

Indicate the nature and the extent (hours per year and percentage of time) of non-research activities in which the candidate would be required to engage as follows:

- a) **Teaching (excluding graduate student supervision)**
- b) **Clinical work**
- c) **Administrative duties**
- d) **Corporate involvement (involvement on boards or advisory committees)**

Part 2. RESEARCH INTERACTIONS (Attach one page)

On a separate page, indicate the colleagues and research programs the candidate would be associated with and the nature of this association emphasizing the potential contributions of the candidate. For Clinician Scientist (Phase 2) candidates, indicate the measures to be taken to enhance the candidate's clinical and research activities and the manner in which the candidate will fit into the ongoing research effort at the institution.

Part 3. COMMITMENT (Attach one page)

Required for New Investigators, Clinician Scientist (Phase 2) and Senior Research Fellowships (Phase 2) candidates only. CIHR expects that the nominating institution will offer successful candidates a full-time faculty, or equivalent position. Indicate clearly the research buildings and facilities available to the candidate, as well as any start up funds to be given. In addition, describe the institution's commitment to protect the candidate's research time.

Head of Department (please print name)	Signature from Head of Department	Date
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**APPLICANT CONSENT FORM FOR USE AND DISCLOSURE OF
PERSONAL INFORMATION PROVIDED TO CIHR FOR PEER REVIEW**

The Access to Information Act (ATI) gives Canadian citizens and Permanent Residents of Canada a limited right of access to information in federal government records. The Privacy Act gives Canadian citizens and permanent residents of Canada access to information about themselves and specifies the uses to which personal information can be put. The Privacy Act sets out the rules and conditions governing the collection, retention and disposal of personal information. It also provides a use and disclosure code for the protection of this information. This code stipulates the criteria under which information can be disclosed, including for what purposes and to whom it may be disclosed. All information collected by CIHR is subject to these laws.

CIHR seeks your certification that you have been informed that all the information supplied in the application will be made available to CIHR personnel responsible for managing the peer review process to review applications, to administer and monitor grants and awards, to compile statistics and to promote health research in Canada.

Information supplied in the application **except the pages labelled “for Administrative use only”** will be made available to Peer Review Committees composed of experts recruited from the academic, public and private sectors. Applications may also be transmitted to external reviewers.

CONSENT

(1) **OBSERVERS:** Information supplied in the application **except the pages labelled “for Administrative use only”** will be made available, with your consent to:

Observers of peer review committees. Observers are divided into two categories (not including CIHR staff responsible for the administration and evaluation of funding programs and members of the Standing Committee responsible for overseeing the peer review process):

- a) Funding Partner and / or Potential Funding Partner representatives who have no funding decision authority;
- b) Institute Staff who are not in conflict of interest and who have no funding decision authority.

I do do not consent to the sharing of the information specified above in section (1) with the observers described.

(2) **RELEVANCY/RESPONSIVENESS:** For use in determining an application’s relevancy in accordance with the Institute’s / Partner’s / Branch’s mandate, or the application’s responsiveness to an Institute’s priorities, the **Project Title, Project Summary and / or Responsiveness Form** already available to CIHR staff responsible for the administration of funding programs may also be provided to:

- Institute Staff managing research envelopes and Institute Advisory Board Members;
- Funding Partners and / or Potential Funding Partners;
- CIHR Senior Managers who manage research envelopes and sponsor Strategic Initiatives.

(3) **FUNDING DECISIONS:** For use in making funding decisions after Peer Review, the **Merit Score, Rank, Project Title and Committee Recommendations on Budget and Term** will be made available, upon your consent to:

- Institute Staff managing research envelopes and Institute Advisory Board Members;
- Funding Partners and /or Potential Funding Partners;
- CIHR Senior Managers who manage research envelopes and sponsor Strategic Initiatives.

I do do not consent to the sharing of the information specified above in sections (2) and (3) with the groups described.

I, the undersigned, do hereby give CONSENT to the use and disclosure of the information contained in my application for the purposes as herein described. This consent extends only to those specific areas where I have indicated this consent. I also understand that I may withdraw my consent at any time and that it will become effective upon its receipt by CIHR.

Name	Signature	Date
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- 1) **Keep a copy for yourself**
- 2) **Send the original, signed form with your application**

RESEARCH FUNDING/SALARY SUPPORT PROGRAMS REGISTRATION/APPLICATION CHECKLIST

Complete and forward this sheet with your registration/application.

NOTE: Both registration and the complete application packages must be assembled in the order listed.
ALSO NOTE: Contents and numbers of copies required for Strategic Initiatives/RFAs may be different from those listed below. Please consult the How to Apply section of specific RFAs.

Registration for Randomized Controlled Trials (RCTs):
 There is a different checklist and different registration requirements for RCTs. Please refer to website for RCT registration module.

Registration for Research Funding/Salary Support programs:
 The original registration package and one (1) copy should be assembled and submitted to the address indicated below. Confirmation of registration will include an application number and will be sent to each applicant approximately 2 weeks after receipt of the registration.

Complete Applications:

- The original application and required number of copies should be assembled and submitted to the address indicated below.
- Research Funding Programs – 1 original and 8 copies
- Salary Support Programs – 1 original and 5 copies

Name of Nominated Principal Applicant _____ Date _____

A: Contents required for Registration Package	B: Contents required for complete Application Package
<p>Research Module:</p> <p><input type="checkbox"/> Routing Slip Mandatory for all programs that require registration.</p> <p><input type="checkbox"/> Page 1 No signatures required.</p> <p><input type="checkbox"/> Page 2a Signatures Page: Nominated Principal Applicant signature and names only of the Principal Applicants and Co-Applicants.</p> <p><input type="checkbox"/> Page 3 Acknowledgement Page.</p> <p><input type="checkbox"/> Page 5 Suggested Peer Review Committees and Suggested External Referee(s).</p> <p><input type="checkbox"/> Page 6 Descriptors and List of Collaborators.</p> <p><input type="checkbox"/> Page 7 Information Page.</p> <p><input type="checkbox"/> Page 9 Summary of research proposal. (Attachment)</p> <p><input type="checkbox"/> Applicant Consent Form Completion and signature required.</p> <p>CV Module:</p> <p><input type="checkbox"/> Page 1 Cover page: For the Nominated Principal Applicant, and each Principal Applicant and Co-Applicant. Only the Nominated Principal Applicant's signature is required.</p> <p><input type="checkbox"/> Page 2 Expertise: For the Nominated Principal Applicant, and each Principal Applicant and Co-Applicant.</p>	<p>Research Module:</p> <p><input type="checkbox"/> Routing Slip Mandatory for all programs.</p> <p><input type="checkbox"/> Page 1 All signatures required.</p> <p><input type="checkbox"/> Page 2a Signatures Page: All signatures required. An authorized official from each institution other than the Institution Paid must sign this page. Additional Signature Pages will be accepted.</p> <p><input type="checkbox"/> Page 3 Acknowledgement Page.</p> <p><input type="checkbox"/> Page 4 Abstract.</p> <p><input type="checkbox"/> Page 5 Suggested Peer Review Committees and Suggested External Referee(s).</p> <p><input type="checkbox"/> Page 6 Descriptors and List of Collaborators.</p> <p><input type="checkbox"/> Page 7 Information Page.</p> <p><input type="checkbox"/> Page 9 Summary of research proposal. (Attachment)</p> <p><input type="checkbox"/> Page 10 Summary of progress. (Attachment)</p> <p><input type="checkbox"/> Page 11 (a,b) Response to previous reviews. (Attachment)</p> <p><input type="checkbox"/> Page 12 (a,b,c) Research proposal. (Attachment)</p> <p><input type="checkbox"/> Appendix 1 Attachments for Research Funding Programs Only.</p> <p><input type="checkbox"/> Appendix 2 For Salary Support Programs Only.</p> <p><input type="checkbox"/> Appendix 2A Attachments required for Salary Support Programs Only.</p> <p><input type="checkbox"/> Applicant Consent Form Completion and signature required.</p> <p><input type="checkbox"/> Operating Budget Module (Research Funding Programs only)</p> <p><input type="checkbox"/> CV Module: All pages of the CV are required for the Nominated Principal Applicant, Principal Applicant and Co-Applicants. Faxed signatures will be accepted from applicants and co-applicants who are not at the same institution as the Nominated Principal Applicant.</p>
Courier address:	
<p>The registration/application must be courier stamped no later than the deadline date and sent to the following address:</p> <p>Canadian Institutes of Health Research Room 97, 160 Elgin Street Address locator: 4809A Ottawa, Ontario K1A 0W9</p>	