

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.

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

| | |
|---|--|
| Nominated Principal Applicant/Candidate | Required |
| Personal Identification Number (PIN) | CIHR PIN number |
| Application Number | |
| Competition Date | "Letter of Intent deadline" |
| Project Title | "CIHR Team in (area of research)" |
| Name of Research Funding Program (see page one of the Research Module) | CIHR Team Grant Program (LOI) |
| 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 | |
| Title of Priority Announcement 1: | Relevant Research Area |
| Title of Priority Announcement 2: | Relevant Research Area |
| Title of Priority Announcement 3: | Relevant Research Area |
| 1st Suggested Peer Review Committee | Not applicable |
| 2nd Suggested Peer Review Committee | Not applicable |



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 |
| CIHR Team Grant* | <input checked="" type="checkbox"/> | | | Research Chair | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| New <input type="checkbox"/> Renewal <input type="checkbox"/> | Funding Reference Number (FRN) | | | | | | | | |

* A letter of intent to CIHR must precede submission to these programs.

Competition Date: "LOI deadline date" Proposed Start Date (MM/YYYY) | (Salary Programs Only)

Nominated Principal Applicant / Candidate

Surname: Required Given Names: Required

Project Title: "CIHR Team in (area of research)"

Primary location where research will be conducted: Required Department: Required Faculty: Required

Is this a multi-center study? Yes No

Institution which will administer project funds (Institution Paid): Required

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 Maximum \$10 000

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: Required | Print Name: Required | Print Name: Required |
| Required | Required | Required |
| Date: Required | Date: Required | Date: Required |

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

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 Required | Given Names Required | Role Required | Signature Required |
| Institution Required | Department Required | Faculty Required | Date Required |
| Name Required | Given Names Required | Role Required | Signature Required |
| Institution Required | Department Required | Faculty Required | Date Required |
| Name Required | Given Names Required | Role Required | Signature Required |
| Institution Required | Department Required | Faculty Required | Date Required |
| 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:

CIHR Team Grant Program (LOI)

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

Required

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) |
|--|---|

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. Recommended

2. Recommended

3. Recommended

4. Recommended

5. Recommended

6. Recommended

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) |
|--|---|

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.

Priority Announcements are listed on CIHR's web site in June and December each year, together with CIHR's other current funding opportunities. Please consult the How to Apply sections of current Priority Announcements before proceeding.

A maximum of three relevant research areas may be selected for each application. The relevant research areas may be selected from one or more current Priority Announcements.

| Title of Priority Announcement: | Relevant Research Area |
|---------------------------------|------------------------|
| 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: Required | 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

Team Lead:

Project title:

"CIHR Team in (area of research)"

Research Description (Maximum 10 line)

Five key words describing the research:

Randomized Control Trial (RCT):

Human Stem Cell:

Team Lead:

Project title:

Proposal: in a maximum of five pages (not including references)

Team Lead:

Project title:

Brief curriculum vitae: (maximum two pages per applicant) for a maximum of five of the key applicants, including the team leader. This must include information on grants held (source, type, title, amount/yr, and duration), relevant publications from the last five years, and 5-10 expertise keywords.

**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 requiring consent (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) are:

- 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) **RELEVANCE REVIEW:** For use in determining an application’s relevance in accordance with the Institute’s / Partner’s / Branch’s mandate, or the application’s relevance to the research areas as identified within a priority announcement, the **Project Title, Project Summary and / or Relevance 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 **Rating, Rank, Committee Recommendations on Budget and Term** will be made available, upon your consent to:

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