

## APPLICATION FOR ACHRI SMALL RESEARCH GRANTS

ACHRI SMALL RESEARCH GRANTS ARE COMPETITIVE INTERNAL AWARDS FOR THE PURPOSE OF PROVIDING FUNDING SUPPORT TO TRAINEES OF ACHRI CLINICIANS, CLINICIAN-SCIENTISTS AND SCIENTISTS WHO WOULD LIKE TO UNDERTAKE A SMALL RESEARCH PROJECT THAT FALLS OUTSIDE THE SCOPE OF THEIR FUNDED RESEARCH PROGRAM/ PROJECT.

### APPLICATION DEADLINE

**May 1\* for Spring Competition**  
**November 1\* for Fall Competition**

**\*WHEN DEADLINES FALL ON A STATUTORY HOLIDAY OR WEEKEND, APPLICATIONS ARE DUE ON THE NEXT WORKING DAY**

### APPLICATION SUBMISSION CHECKLIST

- Completed Application Form
- 2-page version of the supervisor's CVs (must include biographical information, current grant support, trainees supervised)
- A copy of ethics approvals for the project

**Please ensure that the application form contains all the necessary signatures, and that the budget page is complete (note, funding will be considered only for what is requested, accounted for and justified).**

### APPLICATION SUBMISSION INSTRUCTIONS

All applications should be submitted no later than 5PM of the deadline date indicated on the ACHRI Small Research Grants Terms of Reference or on the ACHRI website. If possible, please submit the application and supporting documents as one single PDF file. Please submit application packages to ACHRI Research Training Platform at [achri.training@ucalgary.ca](mailto:achri.training@ucalgary.ca).

**With any questions, please contact the ACHRI Research Training Platform office at [achri.training@ucalgary.ca](mailto:achri.training@ucalgary.ca) or 403.220.8158**

**SUPERVISOR: PERSONAL INFORMATION** Please ensure the Supervisor's 2-page CV is attached and includes information on current grant support, number of trainees supervised (undergrad, graduate, and postdoc) and a list of selected publications from the last five years.

1. SUPERVISOR'S NAME:

2. DEPARTMENT:

3. INSTITUTE MEMBERSHIP **Please specify full membership of additional institutes.**

5. OFFICE ADDRESS:

4. TELEPHONE

6. EMAIL ADDRESS

**APPLICANT: PERSONAL INFORMATION**

7. APPLICANT'S NAME:

8. PRESENT ADDRESS:

9. TELEPHONE:

10. EMAIL ADDRESS:

11. START AND END DATES OF YOUR DEGREE OR FELLOWSHIP PROGRAM:

FROM (DD/MM/YY): \_\_\_\_\_

TO (DD/MM/YY): \_\_\_\_\_

12. DEPARTMENT/ AREA OF RESEARCH and PROGRAM (E.g., PhD, Master's, Postdoctoral Fellow; MD Resident/ Fellow, etc.)

**PROPOSED RESEARCH PROJECT** To be written by the trainee applicant

13. PROJECT TITLE:

14. NAMES AND TITLES OF CO-INVESTIGATORS AND COLLABORATORS **Indicate co-investigators with an \***

**PROPOSED RESEARCH PROJECT (Continued)**

15. ACHRI THEMES OF PROJECT, IF APPLICABLE:

- BEHAVIOUR AND THE DEVELOPING BRAIN       GENES, DEVELOPMENT AND HEALTH       HEALTHY OUTCOMES

16. CERTIFICATION REQUIREMENTS **Please note that all research that involves the use of human subjects, animal care and use, and the handling and storage of bio-hazardous materials must be reviewed and certified by the appropriate University Compliance Committee before the research may commence. Funding will not be released until appropriate ethics approvals are in place.**

- HUMAN SUBJECTS       HUMAN STEM CELLS       ANIMALS       BIOHAZARDS

17. HAVE YOU APPLIED ELSEWHERE FOR FUNDING OR PARTIAL FUNDING OF THIS PROJECT?

- YES       NO

**If YES, please provide details:**

18. PROJECT SUMMARY, SUITABLE FOR PUBLIC INFORMATION **Briefly justify relevance and potential benefit of your research project to public health, and any emphasis on child and maternal health issues, if applicable. Explain in simple, layman's language.**

19. **PROJECT DESCRIPTION** Must be written by the trainee applicant. Maximum two pages, single-spaced. Proposal must contain the following sections: **Background Information; Rationale; Aims; Hypotheses; Methods; Significance**



**BUDGET**

20. SUPERVISOR'S CURRENT FUNDING

21. JUSTIFICATION FOR LACK OF FUNDING FOR THE PROPOSED PROJECT

22. PROPOSED PROJECT BUDGET **Attach an additional page, if necessary.**

BUDGET ITEM	COMMENT/ DESCRIPTION	COST
Personnel:		
Services/ Procedures:		
Supplies/ Equipment:		
Miscellaneous:		
Other (including contribution from other sources):		
<b>Total:</b>		\$

**BUDGET (Continued)**

22. CONTRIBUTIONS FROM THE DEPARTMENT

**OTHER**

23 STATE BRIEFLY HOW THIS RESEARCH PROJECT AND EXPERIENCE WILL FURTHER YOUR CAREER GOALS

**SIGNATURES** By signing below, both applicant and supervisor(s) certify that they have carefully read the terms of reference for this award and followed the instructions to complete this form. We certify that the information contained in this form is true and complete.

APPLICANT

DATE:

SUPERVISOR

DATE:

DEPARTMENT

DATE: