

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 15* for Spring Competition
October 15* 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 Award Guide 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 STEP at achri.training@ucalgary.ca.

With any questions, please contact the ACHRI STEP office at 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.**

4. TELEPHONE

5. EMAIL ADDRESS

APPLICANT: PERSONAL INFORMATION

6. APPLICANT'S NAME

7. TELEPHONE

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

9. EMAIL ADDRESS

10. START AND END DATES OF YOUR DEGREE OR FELLOWSHIP PROGRAM

FROM (DD/MM/YY): _____ TO (DD/MM/YY): _____

PROPOSED RESEARCH PROJECT To be written by the trainee applicant

11. PROJECT TITLE

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

13. ACHRI RESEARCH PROGRAMS APPLICABLE TO THE PROPOSED RESEARCH PROJECT

- | | |
|---|---|
| <input type="checkbox"/> CARE TRANSFORMATIONS FOR CHILDREN | <input type="checkbox"/> HEALTHY CHILDREN, FAMILIES AND COMMUNITIES |
| <input type="checkbox"/> CHILD BRAIN AND MENTAL HEALTH | <input type="checkbox"/> MATERNAL AND CHILD HEALTH |
| <input type="checkbox"/> CHILD HEALTH DATA SCIENCE | <input type="checkbox"/> PRECISION MEDICINE AND DISEASE MECHANISMS |
| <input type="checkbox"/> CHILDHOOD CANCER AND BLOOD DISORDERS | |

PROPOSED RESEARCH PROJECT (Continued)

14. **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

15. **RELEVANT RESEARCH EXPERIENCE** Please describe how your previous research experience will help you in conducting this project.

16. **HAVE YOU APPLIED ELSEWHERE FOR FUNDING OR PARTIAL FUNDING OF THIS PROJECT?** YES NO
If YES, please provide details:

17. **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. Please comment on the project's alignment with ACHRI programs (see Section 13) and how the project will help propel ACHRI's research priorities and address grand challenges. Explain in simple, layman's language.

18. **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

19. SUPERVISOR'S CURRENT FUNDING

20. JUSTIFICATION FOR LACK OF FUNDING FOR THE PROPOSED PROJECT

21. 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):		
Total:		\$

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) acknowledge that they have carefully read the terms of reference for this award and followed the instructions to complete this form, and certify that the information contained in this form is true and complete.

APPLICANT

DATE:

SUPERVISOR

DATE:

DEPARTMENT

DATE: