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100% Fund Grant Application Form

Infant Leukemia



DEADLINES:

Email Registration: Wednesday JANUARY 3, 2024

Grant Submission: Wednesday JANUARY 24, 2024 by 4:00 pm MT

**A. ADMINISTRATIVE DETAILS**

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| 1. Project Title |
| **Full title** |       |
| **Abbreviated title**  |       |

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| 2. Submission type |
|  | [ ]  The 100% Fund Grant —Infant Leukemia |
| 3. Principal Investigator (one only) |
| **Last name:** | **LAST NAME** |
| **First name:** | First name and initial (if applicable) |
| **Position:** |       |
| **Institute/affiliation:** |       |
| **Department:** |  |
| **Mailing address:**(room #, street, building) |  |
| **City:** |  | **Province:** |  |
| **Postal code:** |  | **Email:** |  |
| **Telephone:** |  |  |  |

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| **Co-Investigator(s) if applicable** |
| **Last name:** | **LAST NAME** |
| **First name:** | First name and initial (if applicable) |
| **Position:** |       |
| **Institute/affiliation:** |       |
| **Department:** |       |
| **Mailing address:**(room #, street, building) |       |
| **City:** |       | **Province:** |  |
| **Postal code:** |       | **Email:** |  |
| **Telephone:** |       |  |  |
| **Co-Investigator(s) if applicable** |
| **Last name:** | **LAST NAME** |
| **First name:** | First name and initial (if applicable) |
| **Position:** |       |
| **Institute/affiliation:** |       |
| **Department:** |  |
| **Mailing address:**(room #, street, building) |  |
| **City:** |  | **Province:** |  |
| **Postal code:** |  | **Email:** |  |
| **Telephone:** |  | **Fax:** |  |

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| 3. Signatures |

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|  | **Principal Investigator:** |  |
|  |  |  |
|  | **Name:** |  |  |  |  |
|  |  |  |  |  |  |
|  | **Signature:** |  | **Date:** |  |  |
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|  | **Pediatric Division Chief (C17 Director) or Division/Department Chair:** |  |
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|  | **Name:** |  |  |  |  |
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|  | **Signature:** |  | **Date:** |  |  |
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|  | **Authorized Finance Official at the Institution:** |  |
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|  | **Name:** |  |  |  |  |
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|  | **Signature:** |  | **Date:** |  |  |
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**B. PROJECT/STUDY AND RESEARCH TEAM DETAILS**

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| 4. Collaborators and Site Collaborators |

**Letters of support, if required, can be appended to the end of the application package.**

**Collaborators:** *List below the name, position, affiliation/institution, address, phone, e-mail address and project responsibilities of the Collaborators, if applicable. Outline the specific role of the Collaborators with respect to the project.*

**Site Collaborators:** *List below the name, position, affiliation/institution, address, phone, e-mail address of the Site Collaborators, if applicable. Listing Site Collaborators indicates that they have read and understood the research proposal and have agreed to participate and enroll participants.*

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| 5. Lay Summary and Scientific Abstract |

**Lay Summary:** *The lay summary (150-200 words) will be adjudicated, including by layperson representative(s) on the grant review panel.*

**Scientific Abstract:** *The scientific abstract (500 words maximum) should focus on a short rationale, aims and deliverables.*

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| 6. Approvals |

What approvals will the proposed research require?

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| --- | --- |
| Health Canada CTA | Yes [ ]  No [ ]  Status, if applicable: |
| Research Ethics | Yes [ ]  No [ ]  Status, if applicable: |
| Animal Ethics | Yes [ ]  No [ ]  Status, if applicable: |
| Biohazard Containment | Yes [ ]  No [ ]  Status, if applicable: |
| Not applicable | [ ]   |

*Please ensure that copies of approvals are forwarded to C17 when obtained.*

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| **7. Potential Reviewers** |
| **Potential Reviewers (up to four)****Name, position/institution, and email** | **Area of Expertise** |
|       |       |
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**C. FUNDING INFORMATION**

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| 8. Funding Information Summary |

**Are the proposed aims feasible with only the requested 100% Fund Grant funding?** Yes [ ]  No [ ]

**Have you applied for other funds for this same proposal?** Yes [ ]  No [ ]

If yes, where:

% overlap\*:

Decision date:

If overlap is less than 100%, please attach a copy of the research aims with overlap indicated as well as the budget summary/justification (attach after this page/section).

**Have you secured other funds for all/part the research described in this proposal?** Yes [ ]  No [ ]

Funder:

Funding period:

% overlap\*:

*\* Note that successful overlapping research costs will not be funded. Please attach a copy of the research aims and the budget summary/justification of other successful funding awards after this page. If additional/other grant funding is received after receipt of this award, please contact the C17 Research Office for information regarding reallocation of funds. Please refer to the Application Instructions and Award Guide (ver 01May2023) for additional information)*

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| 9. Budget Request and Justification |

*It is important to consult the Application Instructions and Award Guide (ver 01May2023) for more information, including ineligible budget items. Add rows for category breakdown as required, or to list ‘other’ categories. Do not list research services under per case/site funding. If you have prepared a budget in Excel, that table can be inserted.*

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| --- | --- | --- | --- |
| **Budget required for research described in this proposal** | **Year 1** | **Year 2** | **Total** |
| Per case/site funding | $ | $ | $ |
| Institution start-up funds | $ | $ | $ |
| Research Personnel | $ | $ | $ |
| Operating costs/supplies | $ | $ | $ |
| Equipment/materials | $ | $ | $ |
| Project travel/communication | $ | $ | $ |
| Other | $ | $ | $ |
| **Total budget** | **$** | **$** | **$** |
| Secured or matched non-overlapping funding | $ | $ | $ |
| Requested other funding—non-overlapping portion |  |  |  |
| **Funding requested in this application** | **$** | **$** | **$** |

**Budget Justification:**

**D. OTHER INFORMATION**

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| **10.** Target Audience and Knowledge Mobilization (KMb)  |

# *Please briefly outline (1 page maximum) a KMb plan that is suitable for the potential research results. If KMb is included in the budget, include additional details in the research proposal*

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| **11. Patient Engagement** |

*Describe strategies for patient engagement, and involvement of patients with lived experiences (PWLE).*

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| **12. Ethical issues and study limitations** |

*Describe below any potential ethical, legal or social issues, and potential study limitations.*

**E. RESEARCH PROPOSAL AND SUPPORTING DOCUMENTS**

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| 13. Research Proposal |

Maximum of 4 pages plus references and 1 page of figures/tables. If essential to the application (e.g., a relevant *accepted manuscript), appendixes can be included at the end of the application package (single PDF); review of the appendices by the review panel is optional.*

*In addition to the traditional proposal components (e.g., rationale, aims, experimental approach), the research proposal must address the following areas.*

* **Timeframe and Feasibility**: *Provide a detailed timeline for completing the proposed research within 24-months. At the end of the grant period (24-months) unspent funds must be returned. If you anticipate delays for approvals, contracts or institutional start-up, include this in the 24-month timeline.*
* **Relevance to Disease Area:** *Relevance/importance of this study and the potential of the study results to advance the treatment or quality of life in infant leukemia patients.*

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| 14. Curriculum Vitae of Principal Investigator and Co-Investigator(s) |

*Insert after this page. The NIH Biosketch is the preferred format for the 5-page CV, but any format of 5 pages is acceptable. Include start/end date for positions held, grants, and awards. Include all active grants.*

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| 15. Letters of Support  |

*If included, insert after the CV(s)*

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| 16. Appendixes |

*Appendixes can be inserted after the CV(s) and letters of support. Note that the reviewers are not required to read the appendixes; the grant application should not depend on information in the appendixes.*