**Breathing as One - Boehringer Ingelheim Canada Catalyst Grant Competition 2018 Application Form**

1. **Full Application**

**Upload ONE (1) complete application** with all the supporting documentation (PDF) via <https://form.simplesurvey.com/f/l/bao-copd-catalyst-grant-2018> by **Thursday, November 1, 2018 4:30pm Eastern time**

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| **The Canadian Lung Association reserves the right to decline late, incomplete applications or those exceeding page limitations.** |

| 1. Application Information |
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| **Principal Investigator’s Name:**  | ***First Name*** | ***Last Name*** |
|  |  |
| **Principal Investigator’s****Mailing Address:**  |  |
| **Work Phone :** |  | E-mail Address: |  |
| **Present appointment****(Title, Department, Institution)** |  |
| **Co-Principal Investigator’s Name:**  | ***First Name*** | ***Last Name*** |
|  |  |
| **Co-Principal Investigator’s****Mailing Address:**  |  |
| **Work Phone :** |  | E-mail Address: |  |
| **Present appointment****(Title, Department, Institution)** |  |
| **Co-Investigators’/ Co-Applicants’ Names:** |  |
| **Appointment, department, and institution (with address) at which the applicant has arranged to carry out the research program**: |
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| **Title of the proposed research:** |
|  |
| **List five key words that identify the project:** |
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| **Canadian Institutes of Health Research 4 Pillars:**Applicants must estimate what proportion of the proposed research and proposed project budget falls under the four health research themes.  |
| Basic Biomedical: | % | Clinical | % |
| Health Services/Systems: | % | Social, cultural, environmental & population health: | % |
| **Have you applied or will you be applying to any other agencies with the same proposal?** |
| [ ]  No | [ ]  Yes | **If yes, list the agencies:** |  |

| 2. Payment Details (Administrative/financial officer who will administer funds) |
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| **Financial Officer:**  |  |
| **Mailing Address:(Where the funds should be sent)** |  |
| **Cheque Payable To:****(Institution)** |  |

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| Structured Lay Summary – not to exceed ONE page  |
| **Instructions**The Lung Association places a high priority on ensuring that the research it funds is relevant to its mission. *The mission of The Lung Association is to lead nationwide and international lung health initiatives, prevent lung disease, help people manage lung disease and promote lung health. Our Provincial and national offices work together to help the one in five Canadians who have breathing problems.*Using the outline provided below, provide a lay summary of the research proposal in non-scientific, everyday language at a level **no greater than Grade 6**. Use analogies, simplifications, and generalizations rather than scientific and technical terms. This summary will facilitate communications to the public and our donors about the research supported by the Lung Association.**Applications without a response to each sub-section will be considered incomplete.**  |
| 1. **Statement of the health problem or issue**
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| 1. **Objective of your project**
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| 1. **How will you undertake your work?**
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| 1. **What is unique/innovative about your project?**
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| 1. **A clear and concise description of how the proposed research is relevant to the Lung Association’s mission statement, i.e. how will the outcomes of your project improve the lung health of Canadians.**
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| Grant Proposal Details - not to exceed TWO pages (delete instructions to use whole page) |
| **Instructions**Include the hypothesis to be tested; knowledge to date, methods to be used, anticipated results and conclusions, possible problems and pertinent references. Include a description of how the project will impact COPD research and how you plan to utilize the outcomes and disseminate the results, including future external grant applications. **This section must not exceed TWO (2) pages, excluding references, tables, charts, figures and photographs. Additional materials (references, tables, charts, figures, etc.) must not exceed TWO (2) pages. Pages should be single-spaced using either 12 point Times New Roman or 11 point Arial font.** **Condensed type or spacing will not be acceptable.** A margin of 2 cm around the page is needed. No photo-reduction except for figures. **Materials in excess of the above will be at the discretion of the Lung Association to either to decline to send the excess material to the reviewers or to decline the application.** |
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| Roles and Responsibilities of the Co-PIs and co-applicants |
| Please describe the roles and responsibilities of the Co-PIs and co-applicants in this proposed study/research project. How much time is allocated for each of the Co-PIs and co-applicants? |
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| Letters of Collaboration and Support |
| **Collaborations:** If collaborators who will make significant contributions to the research proposed are not listed as applicants on this application, a signed statement of agreement from each collaborator must be uploaded.**Support:** Do not append letters in general support of the research.List names of individuals providing letters of collaboration and support, as described: |
| **Letters of Support** | **Letters of Collaboration** |
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| Scientific, methodological or budgetary overlap: Current funding and pending or contemplated grant submissions |
| For each currently funded grant, grants under submission or in preparation, describe whether there is any scientific, methodological, or budgetary overlap with the current application. Provide a percentage for the degree of overlap under each of the three categories. |
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| Ethical and Safety Considerations |
| Has ethics approval been received (upload) or applied for? **If not received by the application deadline of November 1, 2018** then approval **must** be received at the Canadian Lung Association office **no later than December 1, 2018** or the application will be withdrawn from the competition. |
| * 1. **Animal Research**
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| Enclose a statement signed by the applicant and the department head that research protocol and the care of the animals conforms to the Guiding Principles for Animal Experimentation as enunciated by the Canadian Council on Animal Care. |
| [ ]  Form included | [ ]  Form to be sent | [ ]  Not applicable |
| * 1. **Human Research**
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| Enclose a statement signed by the applicant and the department head that the proposed research will be reviewed in a manner which conforms with the guidelines as outlined in the Tri-Council Policy Statement: Ethical Conduct for Research Involving Human and/or ‘Human Pluripotent Stem Cell Research: Guidelines for CIHR-Funded Research’, and that the proposed research will not be undertaken until it has been accepted as ethical by such a review.Does this research involve any: |
| [ ] Human subjects | [ ]  Form included | [ ]  Form to be sent |
| [ ] Human pluripotent stem cells | [ ]  Form included | [ ]  Form to be sent |
| [ ]  Not applicable |  |  |
| * 1. **Biological and Chemical Hazards**
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| Enclose a statement signed by the applicant and the department head that the proposed research will be reviewed in a manner which conforms with the guidelines as outlined in the Health Canada “Laboratory Biosafety Guidelines” and that the proposed research will not be undertaken until it has been accepted as meeting the requirements regarding biological and chemical hazards by such a review. |
| [ ]  Form included | [ ]  Form to be sent | [ ]  Not applicable |

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| Institution Signatures (All must be present for application to be considered complete): |
| By signing the page, the institution in which the proposed research will be done will indemnify and save harmless The Lung Association from all actions, claims, suits, demands, liabilities, losses, damages, charges, costs or expenses (including legal fees) which may be imposed upon or incurred by or asserted against The Lung Association by reason of or arising out of the funding of the proposed research. |
|  |  |  |
| Department Head | Signature | Date |
|  |  |  |
| Dean or Executive Officer | Signature | Date |
| Institution: |

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| Applicant (s) Signatures |
| * 1. **Principal Investigator / Co-Principal Investigator**
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| By signing below, the applicant(s) agrees to abide by the Ethical and Safety Considerations statements (item 11) and all policies and regulations governing the award, if granted. The applicant’s signature also authorizes the institution to provide The Lung Association with personal information as required in the application of these policies and regulations, and confirms that the applicant is not currently barred from applying to The Lung Association or any other research funding organization (e.g. CIHR, NSERC, SSHRC, provincial funding organizations) for reasons of breach of standards of ethics or integrity (i.e. financial or scientific misconduct).Successful grant applicants and the institution in which the proposed research will be done will indemnify and save harmless The Lung Association from all actions, claims, suits, demands, liabilities, losses, damages, charges, costs or expenses (including legal fees) which may be imposed upon or incurred by or asserted against The Lung Association by reason of or arising out of the funding of the proposed research. |
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| Principal Investigator | Signature | Date |
|  |  |  |
| Co-Principal Investigator (if applicable) | Signature | Date |

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| * 1. **Co-applicants**
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| List each co-applicant on whose behalf the application is being made. Print additional pages if necessary. It is agreed that the policies and regulations governing the award apply to any grant made pursuant to this application and are hereby accepted by the applicant(s).  |
| [ ]  **Not applicable**  |
| **Co-applicant 1** |
|  |  |  |  |
| **Name** | **Institution** | **Signature** | **Date** |
| **Co-applicant 2** |
|  |  |  |  |
| **Name** | **Institution** | **Signature** | **Date** |
| **Co-applicant 3** |
|  |  |  |  |
| **Name** | **Institution** | **Signature** | **Date** |

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| 1. **Summary of Funds Requested**
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| 1. Salaries

Position/Type (list all personnel) | **2019** |
|  | Salary | **$**  |
| Benefits | **$** |
|  | Salary | **$** |
| Benefits | **$** |
|  | Salary | **$** |
| Benefits | **$** |
|  | Salary | **$** |
| Benefits | **$** |
|  | Salary | **$** |
| Benefits | **$** |
| **Total**  | Salary | **$** |
| Benefits | **$** |
| 1. Experimental animals
 | **$** |
| 1. Materials and supplies
 | **$** |
| 1. Other (specify)
 | **$** |
| 1. Service contract
 | **$** |
| 1. Publication costs (limited to $2000.00)
 | **$** |
| **Total Requested** |  |
| 1. Financial contribution from other sources **(if applicable)**
 | **$** |
| **INDIRECT COSTS ARE NOT PERMITTED** |
| Indirect Costs Policy:The Lung Association supports only the direct costs of research. No funding is to be used for indirect costs of research. The definition of indirect costs of research for the purposes of this policy is, costs which cannot be directly associated with a particular research program or operating grant including costs associated with the general operation and maintenance of facilities (from laboratories to libraries); the management of the research process (from grant management to commercialization); and regulation and safety compliance (including human ethics, animal care and environmental assessment).**Budget Justification:** Indicate the number of budget justification pages attached (not including this page) **All requested budget categories must be well justified on separate sheets numbered 11a), 11b), etc.** Failure to provide appropriate justification could result in budget cuts that could adversely affect the final budget awarded for the project |

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| Common CV |
| For the principal investigator, all co-principal investigators (if applicable) listed on page 1, and co-applicants (who are critical to the proposal), please upload a printed or PDF copy of the **Academic version of the Common CV form (as used for CIHR)**. Only list your publications from the past **FIVE (5)** years. |

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| SUGGESTED REVIEWERS |
| Please provide the names and contact information for three suggested external reviewers in case external reviews are necessary. Do not include persons with whom the applicant(s) has/have collaborated in the previous three years. Suggested reviewers should not be from the same institution as the principal investigator. |
| **i) Name** |  |
| **Address** **(include institution)** |  |
| **City/Province** |  |
| **Postal Code** |  |
| **Telephone** |  |
| **E-mail** |  |
| **Area of Expertise** |  |
| **ii) Name** |  |
| **Address** **(include institution)** |  |
| **City/Province** |  |
| **Postal Code** |  |
| **Telephone** |  |
| **E-mail** |  |
| **Area of Expertise** |  |
| **iii) Name** |  |
| **Address** **(include institution)** |  |
| **City/Province** |  |
| **Postal Code** |  |
| **Telephone** |  |
| **E-mail** |  |
| **Area of Expertise** |  |