



# RIVERVIEW HEALTH CENTRE

## Research Grant Application

### General Instructions:

1. Applicants should review the General Guidelines of Riverview Health Centre Research Competition before completing this form.
2. **Either** an **electronic** submission, as a single pdf (email to blithgow@rhc.mb.ca) **or** the **original plus 10 copies** of the completed and signed application should be forwarded to Prof Brian Lithgow, Chair Research Committee, Riverview Health Centre (1 Morley Ave., R3L 2P4) **by 30th April 2023.**

### PART A – GENERAL INFORMATION

Name of Applicant:	
(surname)	(given names)
Rank/Position:	Department/Institution:
Address for Correspondence:	Telephone No.: E-mail:
Co-investigators (name, department/institution):	
Short Title of Proposed Research:	
Relationship of Application to <b>Funding Priorities and Procedures</b> (see General Guidelines):	
<b>Amount Requested: \$</b>	
Certificate of Ethical Approval attached? _____ (yes/no) _____ to follow	

The undersigned hereby certify acceptance of the terms and condition of Riverview Health Centre Research Competition as outlined in the General Guidelines.

Applicant	Date	Head of Department	Date	Authorized Executive Officer (Faculty/School Dean/Director, Hospital/Fund President/Officer)	Date
Institution:		Institution:		Institution:	

Project Reference Number: \_\_\_\_\_

**PART B – FINANCIAL DATA**

**SECTION 1**

**Budget Summary**

Summarize your budget. All items must be detailed in Section 3 on page 3.

<u>Budget</u>	<u>Total</u>
<b>Personnel</b> (total salaries/benefit costs)	\$
Research Assistance	\$
Technical Assistance	\$
Secretarial/Professional Assistance	\$
<b>Materials and Supplies</b>	\$
<b>Equipment</b>	\$
<b>Travel</b>	\$
<b>Publication/Poster</b> (not to exceed 10% of total budget)	\$
<b>Other</b> (please specify)	\$
Total Requested	\$

**SECTION 2**

**Other sources of Funding**

Starting with the most recent, list all other granting agencies or programs (including local research foundations) from which you have requested or received funds within the last three years and indicate the status of this support, e.g. applied (A); held (H). Identify with an asterisk (\*) those awards which are closely related to this funding request and for each, describe relationship to this funding request. Please include the summary pages of all other grant applications that you currently hold or for which you have applied.

<u>Agency/Organization</u>	<u>Project Title</u>	<u>Amount/Yr.</u>	<u>Date</u>	<u>Status</u>
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**SECTION 3****Detailed Budget Description**

Detail each budget item requested.

**PERSONNEL**

<u>Name, Position, and Qualifications</u>	<u>Rate Per Annum</u>	<u>Hours per Week</u>	<u>No. of Weeks</u>	<u>Benefits</u>	<u>Total</u>
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TOTAL FOR PERSONNEL	\$
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**MATERIALS AND SUPPLIES**

<u>Description</u>	<u>Quantity</u>	<u>Unit Cost</u>	<u>Total</u>
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TOTAL FOR SUPPLIES	\$
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**EQUIPMENT (attach official quotation for equipment over \$500; if computer(s) are to be purchased, they must be purchased via an RHC budget line, and compliant with e-health requirements and will become property of RHC at end of project—contact Dr. John Bond for further information)**

<u>Description</u>	<u>Quantity</u>	<u>Unit Cost</u>	<u>Total</u>
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TOTAL FOR EQUIPMENT	\$
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**TRAVEL (describe in detail, as related to data collection, etc.; travel costs to conferences will not be funded)**

TOTAL FOR TRAVEL	\$
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**PUBLICATION/POSTER (not to exceed 10% of total budget)**

TOTAL FOR PUBLICATION	\$
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**OTHER**

TOTAL FOR OTHER	\$
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<b>TOTAL FUNDS REQUESTED</b>	<b>\$</b>
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## PART C – QUALIFICATIONS AND EXPERIENCE

Each co-investigator, including Riverview Health Centre staff member, must complete Part C.

A personal data form from another granting agency may be substituted for Part C, provided that it contains the requested information.

SECTION 1		Personal Data	
Name of Applicant:		Principal Investigator: _____	
(surname)	(given names)	Co-Investigator: _____	
<b>Research Experience</b> (starting with the most recent):			
<u>Date</u>	<u>Institution/Organization</u>	<u>Faculty/School/Department</u>	<u>Position</u>
<b>Degrees Awarded</b> (starting with the most recent):			
<u>Degree</u>	<u>Discipline</u>	<u>Institution</u>	<u>Date Awarded</u>
<b>Current Research Interests</b> (describe in key words):			
<b>Academic Awards and Distinctions:</b>			
SECTION 2		Record of Research Achievements	
Attach a list of relevant and significant contributions to research during the past five years, including publications (authored and co-authored articles, books, book chapters, book reviews), works in press, research reports and papers, etc. <b>Start with the most recent and identify with an asterisk (*) those works which are published in refereed journals.</b>			
<b>Do not exceed two pages.</b>			
<b>Do not submit your curriculum vitae. Curriculum vitae will <u>not</u> be circulated to committee members.</b>			

## **PART D – RESEARCH PROGRAM**

### **SECTION 1**

### **Abstract of Proposed Research**

Summarize the problem, objectives, methodology, anticipated results and significance of the proposed research (500 words maximum).

### **SECTION 2**

### **Description of Proposed Research**

Attach a description of the proposed research. In describing the proposed research, be sure to include:

- 1) the objectives of the research
- 2) the relationship of the proposed research to the current state of knowledge in the area (providing references to relevant publications);
- 3) project timeline
- 4) the research plan, in particular the;
  - a) research design (specifying those variables that can and cannot be controlled)
  - b) methods and procedures to be used
  - c) methods of evaluation, including a description of the proposed data analysis procedures
  - d) methods of recruitment
- 5) the anticipated theoretical and practical significance of the proposed research, particularly as it relates to Riverview Health Centre
- 6) dissemination plans

**Do not exceed five pages, excluding appendices and references. Attach all instruments as appendices. Do not use a font less than 10 points or 12 letters to the inch.**

**PART E – APPLICATION CHECKLIST**

	<b>Included</b>	<b>Not Applicable</b>
1. Original and 10 copies of completed application form (including signatures) or a single pdf of the information		
2. Proof of Ethical Approval		
3. Quotation for equipment over \$500/item		
4. Record of research achievements or personal data form for applicant and each co-investigator.		
5. Description of proposed research.		
6. This checklist.		