

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 20th April 2024.**

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 Funding Priorities and Procedures (see General Guidelines):						
		Amount Requested: \$				
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
				nospital/1 and 1 resident/officer)	
Institution:		Institution:		Institution:	

Project Reference Number:_____

NANCIAL DATA

			<u>PART B – FINA</u>	NCIAL DATA			
SECTION 1		Budget S	ummary				
Summarize your budget. All items	must be detailed in Se	ection 3 on page 3.					
Budget			Tot	al			
Personnel (total salaries/benefit cos	sts)		\$				
Research Assistance	\$						
Technical Assistance	\$						
Secretarial/Professional As	ssistance \$						
Materials and Supplies			\$				
Equipment			\$				
Travel			\$				
Publication/Poster (not to exceed 1	0% of total budget)		\$				
Other (please specify)			\$				
			¢				
		al Requested	\$				
SECTION 2		rces of Funding					
an asterisk (*) those awards which a request. Please include the summar	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.						
Agency/Organization	Project Title	Amount/Yr.	Date	<u>Status</u>			

SECTION 3						
Detail each bud	get item requested.					
PERSONNEL	Name, Position, and Qualifications	Rate Per <u>Annum</u>	Hours per <u>Week</u>	No. of <u>Weeks</u>	Benefits	<u>Total</u>
				TOTAL FOR	PERSONNEL	\$
MATERIALS A	AND SUPPLIES					
	Description	Qua	ntity	Unit Cost		Total
EQUIDMENT (attach official quotation for	- aquinment ave	r \$500. if comput	TOTAL FOR S		\$ t ha nurahasad
via an RHC bu	dget line, and compliant v n Bond for further infor	with e-health re				
	Description	Qua	<u>ntity</u>	Unit Cost		<u>Total</u>
	-		-			
				TOTAL FOR	FOLIIPMENT	\$
TRAVEL (desc	ribe in detail, as related to a	lata collection,	etc.; travel costs to			Φ
				TOTAL FOR	TRAVEL	\$
PUBLICATION	/POSTER (not to exceed 1	0% of total bud	get)			
				TOTAL FOR	PUBLICATION	\$
OTHER				TOTALIOK		*
				TOTAL FOR O	THER	\$

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:				Drin einel Insectionten				
	(surname)	given names)	Principal Investigator: Co-Investigator:					
Research Experience (s	esearch Experience (starting with the most recent):							
Data	Institution/Organiz	ation	Faculty/School/Departme	ant Desition				
Date	Institution/Organiz		racuity/School/Departine	ent <u>Position</u>				
	• • • • • • • • • • • • • • • • • • • •							
Degrees Awarded (start	ing with the most recent):							
<u>Degree</u>	Discipline]	Institution	Date Awarded				
Current Research Inter	ests (describe in key words):							
Academic Awards and	Distinctions:							
Academic Awarus and	Distinctions.							
SECTION 2	Dooord of	Pasaarah Aabia	wamants					
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. Start with the most recent								
and identify with an asterisk (*) those works which are published in refereed journals.								
Do not exceed two pages.								
Do not submit your ourrigulum vitage. Currigulum vitag will not be singulated to committee members								
Do not submit your curriculum vitae. Curriculum vitae will <u>not</u> be circulated to committee members.								

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).

	TION 2 Description of Proposed Research
Attac	ch 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 usedc) 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
	not exceed five pages, excluding appendices and references. Attach all instruments as appendices. Do not use a font less 10 points or 12 letters to the inch.

PART E – APPLICATION CHECKLIST

		Included	Not Applicable
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.		