

# CANFAR Innovation Research Grant Application

\$40,000 Application Form 2023

## OVERVIEW

CANFAR awards HIV Innovation Research Grants in four broad areas: research in HIV prevention, treatment, care and cure. Applications are invited in any of these areas. Awards will be made based on excellence of the project. In this cycle, priority is given to research related to prevention.

Within this competition, the grants awarded range to a maximum of \$40,000 for 1 year.

Applications for funding may only be made using this CANFAR application form. All applications must include the CANFAR application form, a grant proposal, and an appendix including all relevant documents. Applications must be submitted electronically.

## GRANT CHECKLIST

- Review the terms and conditions to qualify for a grant
- Review expectations required of awarded grants (reporting, recognition and patent protocol)
- Submit the application electronically in **3 separate PDF documents** using the CANFAR provided templates:
  - 1) CANFAR Application Form
  - 2) Grant Proposal (5 pages)
  - 3) Appendix (15 pages)

## KEY DATES

**Friday, May 12, 2023, 5 P.M.**

Grant Applications Due

**May to July, 2023**

Review Process

**Mid-August 2023**

Approved Applicants Notified and Announced

## \$40,000 APPLICATION FORM

### 1. PROJECT TITLE

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#### 1a. Principal Investigator

Name:		
Title:		
Institution		
Institution Charitable Registration # or BIN # :		
Address		
City:	Province:	Postal Code:
Telephone:	E-mail:	

Are you a Canadian Citizen?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, are you a Landed Immigrant?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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### 2. PROJECT OVERVIEW & CLASSIFICATION

<input type="checkbox"/> Basic Science	<input type="checkbox"/> Epidemiological	<input type="checkbox"/> Clinical	<input type="checkbox"/> Psycho-Social
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#### 2a. Relevant Groups – check all that apply

<input type="checkbox"/> Pregnancy/Infancy	<input type="checkbox"/> Youth	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> MSM
<input type="checkbox"/> General Population	<input type="checkbox"/> Other		

Key Focus – check all that apply

<input type="checkbox"/> Prevention	<input type="checkbox"/> Treatment and Care	<input type="checkbox"/> Cure
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#### 2b. Total Funding Requested

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### 3. AGENCY THAT WILL ADMINISTER FUNDS

Agency:		
Address:		
City:	Province:	Postal Code:
Telephone:	Website:	

#### 3a. Authorized Agency Officer

Name:	
Telephone:	E-mail:

#### 3b. Financial Officer who will Administer Funds

Name:		
Title:		
Institution:		
Address:		
City:	Province:	Postal Code:
Telephone:	E-mail:	

### 4. CO-INVESTIGATORS

Name:		
Title:		
Institution:		
Address:		
City:	Province:	Postal Code:
Telephone:	E-mail:	

Name:		
Title:		
Institution:		
Address:		
City:	Province:	Postal Code:
Telephone:	E-mail:	

Name:		
Title: Community-based researcher		
Institution:		
Address:		
City:	Province:	Postal Code:
Telephone:	E-mail:	

Name:		
Title:		
Institution:		
Address:		
City:	Province:	Postal Code:
Telephone:	E-mail:	

Name:		
Title:		
Institution:		
Address:		
City:	Province:	Postal Code:
Telephone:	E-mail:	

Name:		
Title:		
Institution:		
Address:		
City:	Province:	Postal Code:
Telephone:	E-mail:	

\*There is no limit to the number of co-investigators. Please copy this page if additional members are to be added.

#### 4a. Team Rationale

Briefly discuss the expertise of the team (including co-investigators, personnel and collaborators) and what they bring to the project.

## 5. RATIONALE FOR \$40,000 APPLICATION

The \$40,000 CANFAR Award gives priority to projects focused on novel research or to Principal Investigators starting out in the field. Please explain your relevance to one or both categories\*.

## 6. BUDGET SUMMARY

EXPENSE	ESTIMATED TOTAL
Personnel	
Equipment	
Supplies/Services	
Travel (Not to exceed \$1,000)	
Other	
<b>Total Requested (Not to exceed \$40,000.00)</b>	

### 6a. Budget Breakdown

Please complete the following sections to show how you came up with the estimated totals in your budget summary above.

Personnel Breakdown – Please list both paid and unpaid personnel.

Name of Personnel	Position	Time Allocated to Project (Hours)	Salary

			Subtotal
			Benefits
			<b>Salaries Total</b>

Equipment Breakdown

Description	Quantity	Unit Cost	Subtotal
<b>Equipment Total</b>			

Supplies/Services Breakdown

Description	Quantity	Unit Cost	Subtotal
<b>Supplies/Services Total</b>			

**Travel – Note: \$1,000 is the maximum allowed for travel**

Description	Subtotal
<b>Travel Costs Total</b>	
<b>(Not to exceed \$1,000)</b>	

Other Expenses

Description	Subtotal
Honorarium for participants	
Gallery Space Rental	
Printing	
Promotion	
Booklet printing	
<b>Other Costs Total</b>	

**7. JUSTIFICATION OF BUDGET (max. 350 words)**



## 8. ETHICS COMMITTEE APPROVAL

8a. Does this project involve experimentation with human subjects?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Has approval from the Sponsoring Institution's Ethics Committee been given?

<input type="checkbox"/> Yes <i>(Amendment to extend the project to be submitted)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Pending
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8b. Does this project involve human experimentation with human tissues / cells?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Has approval from the Sponsoring Institution's Ethics Committee been given?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
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8c. Does this project involve animal experimentation?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Has approval from the Sponsoring Institution's Ethics Committee been given?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
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8d. Does the project require biohazard precautions?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
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Has biosafety approval been given?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
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**\*Please attach any ethics approval to your application appendices.**

## 9. OTHER CURRENT FUNDING

9a. Other Funding Awards currently held by Principal Investigator with any overlap

Institution	Project Title	Amount	Period	% overlap

9b. Other Funding Applied For – Please list any other funds applied for pertaining to this project with any overlap.

Application submitted to	Amount	% overlap


## 10. POTENTIAL REVIEWERS

CANFAR relies heavily on peer reviewers from across Canada and abroad. Please suggest additional external reviewers. Any reviewer you suggest may or may not be used to review your project but may be added to a list of potential reviewers for **other** projects.

Name of Potential Reviewer:		
Institution:		
City:	Province:	Postal Code:
Telephone:	E-mail:	
Area of Specialty:		

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Institution:		
City:	Province:	Postal Code:
Telephone:	E-mail:	
Area of Specialty:		

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City:	Province:	Postal Code:
Telephone:	E-mail:	
Area of Specialty:		

## 11. AGREEMENT

The Principal Investigator and the Sponsoring Institution agree with CANFAR to comply with and be bound by all the provisions contained in the CANFAR Cycle 29 Innovation Research Grant Overview, and any conditions subject to which approval of this application shall be made in subsequent correspondence.

By submitting this application, I affirm that all information is accurate.\*

Signature of Authorized Agency Officer:

Signature:

Signature of Authorized Principal Investigator:

	Date:
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\*Please print, sign and re-attach this page.