



**FIGHTING
BLINDNESS
CANADA**

Fighting Blindness Canada Grant Application Cover Form (2019)

PROJECT OVERVIEW

Scientific Project Title

Plain Language Project Title

Impact statement (200-word maximum): How will your proposed project impact Fighting Blindness Canada's mission to accelerate the development and availability of new treatments for blinding eye diseases?

Key Deliverables (200-word maximum): Identify 2-3 key deliverables to be achieved within the 1st and 2nd year of grant funding:



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Executive Summary (500-word maximum) – Clearly state the proposed project, rationale, hypothesis, and objectives

Keywords (list up to 6 keywords)

Estimated Total Budget (2-year budget)

Duration requested



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Please check the category of research that best describes your proposal:

| Research Category | Check |
|--|--------------------------|
| Discovery Research | <input type="checkbox"/> |
| Translational Research | <input type="checkbox"/> |
| Clinical Research | <input type="checkbox"/> |
| Public Health and/or Vision Rehabilitation | <input type="checkbox"/> |

Lay-Audience Abstract (suitable for the preparation of a press release)

Provide a concise, non-technical summary of your research, written in simple and clear language suitable for a lay audience. The summary should indicate how your research, ultimately, will accelerate the development and availability of new treatments for blinding eye diseases and/or impact the health of people living with blindness and low vision.



PROJECT TEAM

Project Team and Roles

In the tables below, list all team members and collaborators. Please include a 2-3 sentence description of the role that each member will play in the research. Clearly identify each member's strength and expertise. International collaborations are welcomed. The principal applicant must be in a Canadian institution. Provide CVs of all investigators who will receive funding. Use the NIH Biosketch format, or any other similar format (5 pages max. for each CV).

Please note the following definitions of proposed participants:

| | |
|--|---|
| Principal Applicant (one individual only) | <ul style="list-style-type: none">• Responsible for the direction of the proposed activities• Assumes administrative and financial responsibility for the grant• Receive correspondence related to the grant• Is an independent researcher at the host institution for this grant, which must be an accredited Canadian university, hospital or research institute |
| Co-Applicant | <ul style="list-style-type: none">• Canadian and/or international collaborators who are requesting funding to support their role in the project. |
| Collaborator | <ul style="list-style-type: none">• Provides a specific service for the proposed project (e.g., access to equipment, provision of specific reagents, training, etc.) |

Principal Applicant:

| | |
|----------------------------|-----------------|
| Name | Telephone |
| Appointment held | Email |
| Department and Institution | Mailing Address |
| Role in project: | |



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Co- Applicants: Canadian and/or international collaborators who are requesting funding to support their role in the project.

| | |
|----------------------------|-----------------|
| Name | Telephone |
| Appointment held | Email |
| Department and Institution | Mailing Address |
| Role in project: | |

| | |
|----------------------------|-----------------|
| Name | Telephone |
| Appointment held | Email |
| Department and Institution | Mailing Address |
| Role in project: | |

| | |
|----------------------------|-----------------|
| Name | Telephone |
| Appointment held | Email |
| Department and Institution | Mailing Address |
| Role in project: | |



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| | |
|----------------------------|-----------------|
| Name | Telephone |
| Appointment held | Email |
| Department and Institution | Mailing Address |
| Role in project: | |

Collaborators: Canadian and/or international collaborators who are NOT requesting funding.

| | |
|----------------------------|-----------------|
| Name | Telephone |
| Appointment held | Email |
| Department and Institution | Mailing Address |
| Role in project: | |

| | |
|----------------------------|-----------------|
| Name | Telephone |
| Appointment held | Email |
| Department and Institution | Mailing Address |
| Role in project: | |



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| | |
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| Name | Telephone |
| Appointment held | Email |
| Department and Institution | Mailing Address |
| Role in project: | |

Highly Qualified Personnel: Students, postdoctoral fellow, research associates, technicians who will contribute to the project. (Additional pages may be added)

| | |
|---|-----------------|
| Name | Telephone |
| Position held | Email |
| Department and Institution | Mailing Address |
| Role in project: | |
| Will this HQP be funded fully or partially by this grant? | |



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| | |
|---|-----------------|
| Name | Telephone |
| Position held | Email |
| Department and Institution | Mailing Address |
| Role in project: | |
| Will this HQP be funded fully or partially by this grant? | |

| | |
|---|-----------------|
| Name | Telephone |
| Position held | Email |
| Department and Institution | Mailing Address |
| Role in project: | |
| Will this HQP be funded fully or partially by this grant? | |



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SIGNATURE PAGE

Principal Investigator Name:

Institution:

Project Title:

As the principal investigator on this project, I confirm that this project has completed all safety, regulatory and ethical reviews as required by my institution.

Signature of Principal Investigator

Date

Authorized Institutional Representative Name:

Authorized Institutional Representative Title:

Signature of Authorized Institutional Representative

Date