**Fighting Blindness Canada Grant Application Cover Form (2019)**

## PROJECT OVERVIEW

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| --- | --- |
| 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: | |
| 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 |

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

|  |  |
| --- | --- |
| **Research Category** | **Check** |
| Discovery Research |  |
| Translational Research |  |
| Clinical Research |  |
| Public Health and/or Vision Rehabilitation |  |

**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)** | * 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** | * Canadian and/or international collaborators who are requesting funding to support their role in the project. |
| **Collaborator** | * 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: | |

**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: | |

|  |  |
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| 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: | |

|  |  |
| --- | --- |
| 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: | |

|  |  |
| --- | --- |
| 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? | |

|  |  |
| --- | --- |
| 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? | |

**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.

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*Signature of Principal Investigator*

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*Date*

**Authorized Institutional Representative Name:**

**Authorized Institutional Representative Title:**

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*Signature of Authorized Institutional Representative*

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*Date*