# 2021 Research Grant Competition

# **Application Instructions & checklist**

**Application deadline: July 22, 2021, 5:00pm (EST)**

* Submit completed application through the link on [the website](https://www.fightingblindness.ca/research/for-researchers/).
* Refer to the 2021 Competition Guide for more detailed description of the competition including funding, review and eligibility criteria.
* If you have any questions, please contact Larissa Moniz, Director, Research and Mission Programs, (research@fightingblindness.ca).

## Formatting Guidelines

Failure to comply with formatting requirements may lead to your application being rejected. To facilitate peer-review, we ask applicants to submit applications in English and in black ink. Where word limits are not specified, proposals must use:

* Letter-size pages with margins of at least 2 cm on all sides
* 12-point font (no condensed typing or spacing)
* The application should be submitted as a single PDF document. Do not create the PDF from scanned documents. Instead, PDFs should be created by converting from Word or other compatible formats.
* Please include the last name of the Principal Investigator in the file name e.g. Smith\_Application

Complete and submit the full application through the link on the [website](https://www.fightingblindness.ca/research/for-researchers/) as a **single PDF document** in the following order:

|  |  |  |
| --- | --- | --- |
| **Section** | **Format** | **Section Description** |
| 1 | Application Form | **2021 Research Grant Competition Application Form**: Found below. Electronic or scanned signatures are acceptable. |
| 2 | Free text, 7 pages maximum including figures; no page limit for references | **Research Proposal**: Provide a clear description of the proposed research including descriptions of methods and a discussion of anticipated results. Applicants are strongly encouraged to provide preliminary data to illustrate the feasibility of the proposed experiments, and their ability to undertake these. |
| 3 | Free text, 1 page maximum | **Project Timeline**: Identify key activities within each aim of your proposal, and when you expect to complete those activities within the timeline of the grant. May be presented as a narrative or a table. |
| 4 | Budget Module Template | **Budget Module**: Excel template available for download [here](https://www.fightingblindness.ca/wp-content/uploads/2021/03/2021-Research-Grant-Budget-Template_Protected.xlsx) |
| 5 | Free text, 1 page maximum | **Budget Justification:** Detail necessary to explain the staffing and resources requested in the previous section |
| 6 | Free text, 5 pages maximum each CV | **CV:** Maximum 5-page CV that showcases key accomplishments. We recommend using the [NIH Biosketch format](https://grants.nih.gov/grants/forms/biosketch.htm), but this is not mandatory. **Each Principal and Co-Investigator that is requesting funding should submit a CV.** |
| 7 | 5 pages maximum (Optional) | **Letters of support:** Refer to the competition guide for more details. |

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# 2021 Research Grant Competition

# **Application Form**

## project overview

|  |
| --- |
| Scientific Project Title |
| Plain Language Project Title |
| Scientific Abstract (500 word maximum): Clearly state the proposed project, rationale, hypothesis, and objectives. |
| 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 grant funding period. |

**Budget summary**

|  |  |
| --- | --- |
|  | **Amount** |
| **Year 1** |  |
| **Year 2** |  |
| **Total** |  |

**Please check the review panel that best describes your proposal:**

|  |  |
| --- | --- |
| **Review Panel** | **Check (X)** |
| Panel A: Discovery and translational research, Anterior Segment |  |
| Panel B: Discovery and translational research, Posterior Segment |  |
| Panel C: Clinical Research |  |

**Public Summary (300 words maximum)**

Provide a concise, non---technical summary of your research, written in simple and clear language suitable for a lay audience. The summary should not include confidential information and 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 vision loss.

## project team information

In the tables below, list all team members. 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. Provide CVs of all investigators who will receive funding. Use the NIH Biosketch format, or other similar format (5 pages max. for each CV).

Below are brief definitions of team members. Please refer to the 2021 Competition Guide for full details of eligibility. Add on extra pages as necessary to accommodate the project team.

|  |  |
| --- | --- |
| **Principal Investigator** | * One individual only * Responsible for the direction of the proposed activities * Assumes administrative and financial responsibility for the grant * Receives 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 * Cannot receive salary support |
| **Co-Investigator(s)** | * Canadian and/or international researchers who are requesting funding to support their role in the project * Cannot receive salary support |
| **Collaborator(s)** | * Provides a specific service for the proposed project (e.g., access to equipment, provision of specific reagents, training, etc.) but is not requesting funding. Letters of support should be provided as needed. |
| **Highly Qualified Personnel** | * Students, postdoctoral fellow, research associates and technicians who will contribute to the project * Can receive salary support |

**Principal Investigator:**

|  |  |
| --- | --- |
| Name | Telephone |
| Appointment/Position | Email |
| Department and Institution | Mailing Address |
| Institution and Mailing Address where funds will be administered (if different than above) | |
| Role in project: | |

**Co-Investigators:**

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

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

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

**Collaborators:**

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

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

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

**Highly Qualified Personnel:**

|  |  |
| --- | --- |
| Name | Telephone |
| Appointment/Position | Email |
| Department and Institution | Mailing Address |
| Role in project: | |
| Will this position be partly or fully funded by this grant? | |

|  |  |
| --- | --- |
| Name | Telephone |
| Appointment/Position | Email |
| Department and Institution | Mailing Address |
| Role in project: | |
| Will this position be partly or fully funded by this grant? | |

|  |  |
| --- | --- |
| Name | Telephone |
| Appointment/Position | Email |
| Department and Institution | Mailing Address |
| Role in project: | |
| Will this position be partly or fully funded 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 Date*

**Authorized Institutional Representative Name:**

**Authorized Institutional Representative Title:**

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*Signature of Authorized Institutional Representative Date*