# Transformative Research AWards (TRA) 2022/23

# Retinal Degeneration

# **Application Form & Instructions**

**Application deadline: October 6, 2022, 5:00pm (EST)**

* This stage of the competition is by invitation only. You must have submitted an LOI and been invited to submit a full application to be eligible to apply.
* Submit completed application through [this link](https://ffbcanada-my.sharepoint.com/:f:/g/personal/lmoniz_fightingblindness_ca/El8aAusD5etIlkcBobIxFqQBuklexSklu33OnjJOsHSTEg)
* Refer to the Competition Guide for a 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 at [**research@fightingblindness.ca**](mailto:research@fightingblindness.ca)

## Formatting Guidelines

* To facilitate peer-review, please submit all documents in English.
* Use black ink for text and where word limits are not specified use single-spaced text, Calibri font, pt.11.
* The Budget Template and Other Funding Template can be downloaded at [fightingblindness.ca/research/for-researchers](https://www.fightingblindness.ca/research/for-researchers/)
* The application **should be submitted as a single PDF document** in the order specified below. Do not create the PDF from scanned documents (signature page excepted). PDFs should be created by converting from Word or other compatible formats. Delete Instruction pages before saving as PDF.
* Include the last name of the Principal Investigator in the file name e.g. Smith\_Application

|  |  |  |
| --- | --- | --- |
| **Section** | **Format** | **Section Description** |
| 1 | Application Form | **Application Form**: Available below. Electronic or scanned signatures are acceptable |
| 2 | Free text, 10 pages maximum including figures; no page limit for references | **Research Proposal**: Should include the following information:   * **Purpose**: clearly describe the hypothesis and scientific need for your proposed work; Describe the significance of your expected results for the development of new therapeutic strategies for retinal degeneration. * **Background**: Summarise published or unpublished work relating to your research proposal; Describe how this knowledge and experience will help address the goals of the proposed project. * **Research Plan**: Identify research aims or objectives. For each objective include: the research question; experimental methods, techniques and analyses that will be used; refer to your own published work or indicate the availability of appropriate expertise including unpublished results or methodologies; justify the appropriateness of your experimental design. * **Other:** identify anticipated results and conclusions; identify anticipated challenges and potential solutions. |
| 3 | Free text, 1 page maximum | **Project Timeline**: Identify key activities and milestones for each part of the research plan. May be presented as a narrative or table. |
| 4 | Budget Template | **Project Budget**: Excel template. |
| 5 | Free text, 2 page maximum | **Budget Justification:** Provide justification and additional detail for the staffing and resources requested in the budget. Detail how other funding or resources received by the group contributes or adds value to the proposed research. Provide justification if any annual budget exceeds $250,000. |
| 6 | Free text, 5 page maximum each | **CV:** Maximum 5-page CV that showcases key accomplishments. We recommend using the [NIH Biosketch](https://grants.nih.gov/grants/forms/biosketch.htm) format, but this is not mandatory. Each Principal and Co-Investigator that is receiving funding should submit a CV. |
| 7 | Other funding template | **Other Funding Sources:** Provide information on any grants held or applied for by Principal or Co-Investigators. |
| 8 | Free text (Optional) | **Letters of support:** Provide letters as needed from collaborators, institutions or partnering organizations detailing their contribution and support of this project |

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# Transformative Research AWards (TRA) 2022/23

# Retinal Degeneration

# **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. |
| Statement of Impact (300 word maximum): Clearly state the potential impact of this research for development of new therapeutic strategies for retinal degeneration, including the eye diseases this research has the potential to impact. |
| Key Deliverables (200 word maximum): Identify the key objectives of this project. Point form acceptable. |

**Budget summary**

|  |  |
| --- | --- |
|  | **Amount** |
| **Year 1** |  |
| **Year 2** |  |
| **Year 3** |  |
| **Year 4** |  |
| **Year 5** |  |
| **Total** |  |

**Public Summary (300 word maximum)**

Provide a concise, non---technical summary of your research, written in simple and clear language suitable for a lay audience. The summary may be made public and should not include confidential information. Please explain how this research will ultimately accelerate the development and availability of new treatments for retinal degeneration.

## 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. Indicate if this is a new or existing collaboration. Provide CVs of all investigators who will receive funding. Use the NIH Biosketch or other similar format (5 page maximum for each CV).

Below are brief definitions of team members. Please refer to the Competition Guide for full details of eligibility. Add 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 university, hospital or research institute * Cannot receive salary support |
| **Co-Investigator(s)** | * Researchers who are requesting funding to support their role in the project * Cannot receive salary support |
| **Collaborator(s)** | * Provide a specific service for the proposed project (e.g., access to equipment, provision of specific reagents, training) but is not requesting funding. Letters of support should be provided as needed. |
| **Highly Qualified Personnel** | * Students, postdoctoral fellows, research associates and technicians who will contribute to the project * Can receive salary support |

**Principal Investigator:**

|  |  |
| --- | --- |
| Name | Email |
| Appointment/Position | Telephone |
| 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*