# early career **Research Grant** 2024

# **Application Instructions & Form**

**Application deadline: April 25, 2024, 5:00pm (EST)**

* Submit completed Application through the “Submit Here” button at [fightingblindness.ca/research/for-researchers/](https://www.fightingblindness.ca/research/for-researchers/)
* Refer to the 2024 Research Grant Competition Guide for a more detailed description of the competition including funding and assessment 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 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\_TRA Application

|  |  |  |
| --- | --- | --- |
| **Section** | **Format** | **Section Description** |
| 1 | Application Form | **Application Form**:   * Available below * Electronic or scanned signatures are acceptable |
| 2 | Free text, 7 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of your expected results for individuals impacted by retinal degeneration * **Background**: Summarise published or unpublished work relating to your research proposal.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 and describe research aims or objectives and experimental methods and 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that will be used; refer to your own published work or indicate the availability of appropriate expertise including unpublished results or methodologies; justify the appropriateness of your experimental design.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 and anticipated challenges and potential solutions; identify potential next steps. |
| 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, table, or figure. |
| 4 | Budget Template | **Project Budget**: Excel template available for download [fightingblindness.ca/research/for-researchers](https://www.fightingblindness.ca/research/for-researchers/) |
| 5 | Free text, 1 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 contributes or adds value to the proposed research. |
| 6 | Free text, 5 pages 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. |
| 7 | 2 pages maximum | **Institutional Letter of support:** Including description of the research environment, infrastructure, resources, mentoring and administrative support available. Must clearly identify protected research time. |
| 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**.** |

# early career **Research Grant** 2024

# **Application Form**

## Applicant and Project Information

|  |
| --- |
| Applicant/Principal Investigator Name |
| Department and Institution where funds will be administered |

|  |
| --- |
| Scientific Project Title |
| Plain Language Project Title |
| Scientific Abstract (500 word maximum): Clearly state the proposed project, rationale, hypothesis, and objectives. |
| Key Deliverables (200 word maximum): Identify the key objectives of this project. Point form acceptable. |

**Budget summary**

|  |  |
| --- | --- |
|  | **Amount** |
| **Year 1** |  |
| **Year 2** |  |
| **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 impact individuals with retinal degeneration.

## project team information

In the tables below, list all team members. Please include a brief description of the role that each member will play in the research. Add boxes as needed.

|  |  |
| --- | --- |
| **Collaborator(s)** | * Provides 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 |

**Collaborators:**

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

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

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

**Highly Qualified Personnel:**

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

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

|  |  |
| --- | --- |
| Name | Email |
| Appointment/Position | Department and Institution |
| 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Principal Investigator Date*

**Authorized Institutional Representative Name:**

**Authorized Institutional Representative Title:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Authorized Institutional Representative Date*