



Canadian
Pulmonary
Fibrosis
Foundation

CPFF 2017 Grant Application Cover Sheet

Complete below in full and use as the cover page of your electronic application package. Do not modify/remove sections – if not applicable to you please indicate “n/a”

Research Project Title			
Type of Research (<i>select one</i>)			
<input type="checkbox"/> Clinical Research		<input type="checkbox"/> Translational Research	
Principal Investigator/Applicant			
Full Name			
Clinical Appointment	Title	Institution	
Academic Appointment (if applicable)	Title	Institution	
Contact Information	Telephone	Email	
Address	Street Address and Suite/Unit		
	City/Town	Province	Postal Code
Project Information			
Funding Requested (max. \$20,000/year for 1 year):			
Duration of Project (max. 1 year):			
Project Start Date (must start in 2018):			
Sponsoring Institution			
Institution Name			
Address	Street Address and Suite/Unit		
	City/Town	Province	Postal Code
	City / Town	Province	Postal Code
Full Name	Title and Institution (i.e. clinical / academic appointment)		Project Role/Expertise



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Lay Summary Description of Project *maximum 200 words*

(Describe objectives and methodology in plain language. If funded, this description will be used to describe your project in Foundation communications)

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Application Checklist

Complete and use the checklist to ensure all required items are submitted in the following order. If not applicable indicate as such rather than leaving incomplete or removing.

- Application Form – completed in full
- Application Checklist – completed in full
- Contents sections 1-4 completed in full and not exceeding stated section word or page limits
- Budget includes eligible items only, with detailed justification and verified calculations
- Required signatures on application
- Appendices (limit of 5 pages)
- Curriculum Vitae of PI
- Support letters/emails from collaborators and partnering organizations
- Research Ethics Board Approval: Pending
- Clinical Trials Registry Approval Not required
- Health Canada Drugs & Health Products Approval: Not required
- Other Funding

Have you applied / intending to apply for other funding for this study? Yes:

Funding Agency	Amount Requested/Duration	Status
		:
Funding Agency	Amount Requested/Duration	Status

- Summary of project, budget and justification from applications for other funding

Application Checklist

Suggested External Reviewers

Complete below to suggest TWO individuals in CANADA who have the appropriate expertise for the Foundation to potentially ask to peer review your research grant proposal. Suggested reviewers must not be associated in any way with your project or other research activities, your hospital or academic institution. They also should not be anyone who you trained or recently collaborated with or supervised.

Suggested Reviewer	Contact Information	
Name, Title, / Academic Appointment	Street Address/City/Province or State / Country / Postal Code	
	Email Address	Telephone
Name and Title, / Academic Appointment	Street Address/City/Province or State / Country / Postal Code	
	Email Address	Telephone

Submission

Email **one** complete application package to admin@cpff.ca “Grant Application” in the subject line, no later than 12:00h (noon) on November 15, 2017.

Out of consideration for all applicants, the Foundation is unable to accept incomplete or late applications. Applications will not be accepted by fax or mail.

Confirming Receipt of Application

Each application submitted will be acknowledged within 10 business days after the application deadline date to allow Foundation staff sufficient time to complete the intake and recording of all received submissions.

If after 10 business days you have not received by email a confirmation of receipt, please contact CPFF at 647-220-7812 Please ensure you retain for your records all sent emails with attachments in the rare event an application is not received.

Application Contents

Application Instructions:

Your application must include each of the following sections and use the titles, order and numbering as below. Page numbering is required, starting with the first page of the Application Form as page 1. The content must be single spaced, 12 pt font. Sections 1 through 6 must not exceed stated page limits.

- 1. Statement of objectives and specific aims of the project in the form of hypothesis (maximum 0.5 page)**
- 2. Background, rationale and present state of knowledge (maximum 2 pages)**
- 3. Project design, methodology and analysis (maximum 3 pages)**

REFERENCES

4. a) Project Budget (format below must be used) 2 pages maximum

Please read guidelines to ensure eligible items only are requested. Ineligible items will be removed.

Budget Items & Rationale (justify with rationale)	Total \$
Personnel	
•	
•	
•	
Total Personnel	
Equipment	
•	
•	
•	
Total Equipment	
Materials & Supplies	
•	
•	
•	
Total Materials & Supplies	
Knowledge Translation Activities	
•	
•	
Total Knowledge Translation Activities	
Other Expenses	
•	
•	
Total Other Expenses	
TOTAL PROJECT BUDGET REQUESTED (maximum \$20,000 per year for up to one year)	

5. b) Additional Project Budget Rationale (if required (1 page maximum)) All the above items require additional explanation to justify funding, Please provide in this section.

5. **c) Other Funding Summary (1 page maximum)** If funding has been requested from other sources, please provide the summary, budget and budget justification from these applications.
5. **Appendices (5 pages maximum)**
6. **Curriculum Vitae for PI only.** Each CV is to be made up of two components: the first component is to be limited to three pages and will include all relevant information such as education, appointments, committees, etc. The second component is to be a list of publications, presentations, grants received, etc. for the past 2 years only. Both components are required.
7. **Supporting letters from collaborators (if appropriate)**

Signatures

The signing of this application constitutes acceptance and agreement of the terms and conditions set out in the Funding Guidelines and that all information provided is accurate and truthful.

Signature of Principal Investigator	Date Signed
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Signature of Department Head of Principal Investigator (required)	Date Signed
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Signature of Authorized Officer of Sponsoring Institution (required)	Date Signed
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