

APPLICATION

Spinal Cord Injury Clinical Project Grant

Save this application and any attachments in a single PDF file and submit to rida.chan@ahs.ca

1. APPLICANT INFORMATION	
1.1. Primary Applicant	
NAME	
PHONE	
EMAIL	
TITLE	
DEPT/FACULTY	
INSTITUTION	
MAILING ADDRESS	
MEMBER OF	<input type="checkbox"/> NMHI <input type="checkbox"/> HBI <input type="checkbox"/> CCBN
CV APPENDED	Yes <input type="checkbox"/> No <input type="checkbox"/>
DECLARE CONFLICT(S) OF INTEREST	
1.2. Co-Applicant 1	
NAME	
PHONE	
EMAIL	
TITLE	
DEPT/FACULTY	
INSTITUTION	
MAILING ADDRESS	
MEMBER OF	<input type="checkbox"/> NMHI <input type="checkbox"/> HBI <input type="checkbox"/> CCBN
CV APPENDED	Yes <input type="checkbox"/> No <input type="checkbox"/>
DECLARE CONFLICT(S) OF INTEREST	

1.3. Co-Applicant 2	
NAME	
PHONE	
EMAIL	
TITLE	
DEPT/FACULTY	
INSTITUTION	
MAILING ADDRESS	
MEMBER OF	<input type="checkbox"/> NMHI <input type="checkbox"/> HBI <input type="checkbox"/> CCBN
CV APPENDED	Yes <input type="checkbox"/> No <input type="checkbox"/>
DECLARE CONFLICT(S) OF INTEREST	
1.4. Co-Applicant 3	
NAME	
PHONE	
EMAIL	
TITLE	
DEPT/FACULTY	
INSTITUTION	
MAILING ADDRESS	
MEMBER OF	<input type="checkbox"/> NMHI <input type="checkbox"/> HBI <input type="checkbox"/> CCBN
CV APPENDED	Yes <input type="checkbox"/> No <input type="checkbox"/>
DECLARE CONFLICT(S) OF INTEREST	

Additional co-applicants can be added on a separate page and included as an attachment

2. SIGNATURES

	Sign	Print	Date
PRIMARY APPLICANT			
CO-APPLICANT 1			
CO-APPLICANT 2			
CO-APPLICANT 3			
DEPARTMENT HEAD/CHAIR*			
FACULTY DEAN*			

*of Primary Applicant

3. PROJECT OVERVIEW

PROJECT TITLE	
---------------	--

3.1. Lay Summary

Provide a lay summary for the proposed project that is suitable for release to the public (max 300 words and Flesch-Kincaid Score of ≤ 8 .)

3.2. Project Details

Provide a summary of the proposed project using the framework below. Additional attachments will not be accepted except where indicated.

BACKGROUND (max 500 words)

AIMS
(max 500 words)

PROJECT DESIGN, METHODS AND ANALYSIS
(max 500 words)

FIGURES

Please attach as an appendix. Do not exceed one page

REFERENCES

Please attach as an appendix. Do not exceed one page using minimum font size of 11.

3.3. Project Timeline

Describe the project timeline. Clearly distinguish any project aims that may expend past the term of the funding (max 500 words) and provide mitigation strategies for potential delays.

3.4. Project Significance

Describe the significance of the proposed project. Specifically address the following:

- 1) What is novel about the project*
- 2) Explain how results from this project may lead to better patient care and may build research and knowledge translation capacity among the provincial clinical teams*

Max 500 words

4. APPLICANT CONTRIBUTIONS

Briefly describe the contributions of each applicant and how the expertise of each applicant will support the project (max 200 words)

5. COLLABORATION PLAN

Discuss the teams collaborative approach. Specifically address the team's plan and implementation strategy for addressing collaborative efforts at a distance (max 200 words)

6. BUDGET

6.1. Project Budget (excluding within-province travel costs)

Item Description	Amount
TOTAL EXPENSES (max \$20,000)	

7. OTHER SOURCES OF FUNDING

If applicable, indicate other funding that will be used to support this project.

--