



DIAGNOSTIC SERVICES MANITOBA

1502-155 Carlton Street
Winnipeg, Manitoba R3C 3H8
Phone: 204-926-8005 Fax: 204-940-1761

RESEARCH AND INNOVATION GRANT APPLICATION APPLICATION DEADLINE: December 9, 2016

Please check one grant category:

MAJOR (*maximum \$60,000*) or **SMALL** (*maximum \$15,000*)

General Information

Before completing this form please read the **2017-2019 DSM Awards Guide**, available from the DSM office or the DSM website. This document outlines the eligibility, requirements, funding priorities, terms of conditions and the mandate of the DSM research and innovation grants initiative.

Applicants and sponsoring institutions should be aware of these requirements and conditions and are expected to abide by them.

Completing and Submitting the Application Form

- This application form is available in electronic PDF format on the DSM website (www.dsmanitoba.ca). Paper copies of applications are also available from the DSM office.
- Indicate by placing a checkmark above, whether applying for 1) Major Grant; or 2) Small Grant.
- Ensure that all requisite signatures are provided and that all sections of the application are complete.
- All attachments should be in the sequential order as indicated in the application form and on 8½" x 11" paper with 2 cm margins, single-spaced using a 12-point font.
- Submit **one hard copy** with signatures and **one electronic version** of the completed application to the DSM office. The electronic version of the application should be sent as **one** PDF file.
- The digital headshot should be sent as a high-resolution jpeg.
- Ensure a two-page abbreviated CV is provided for each investigator.
- Attach appendices to both the original hard copy and the electronic copy of the application.
- Hard copies should be legible and stapled in the upper left hand corner.
- All required documentation must be attached to the application. We will not duplicate any material on behalf of the applicant that is sent directly to the office.
- The application deadline is 5:00 p.m. on December 9, 2016.

APPLICATIONS THAT DO NOT MEET DSM GUIDELINES WILL NOT BE ACCEPTED.

Contact Information

Questions can be directed to Dr. Yvonne Myal. E-mail: yvonne.myal@umanitoba.ca
Phone: 204-789-3874

Please forward **one complete hard copy** and **one electronic PDF file**, as well as a high-resolution headshot (jpeg), of the completed package to:

Research and Innovation Grant Competition
Diagnostic Services Manitoba
1502-155 Carlton Street
Winnipeg, Manitoba, R3C 3H8
Attention: Kimberly Sawchuk
Email: ksawchuk@dsmanitoba.ca

Please ensure that all attachments, including the CVs of all co-applicants, are included in the hard copy, and in a combined PDF document of the electronic version.

Research and Innovation Grant Application Form Checklist

The checklist is intended to ensure both the applicants and DSM office that the enclosed application is complete. Complete the form by using a check mark to indicate the requirements have been met.

Attached /Complete	N/A	REQUIREMENTS
		Clearly indicate that the application is for a Major or Small Grant
		One hard copy and one electronic copy of the application, complete with signatures
		External referee form completed
		Required Signatures (for items #3 and this checklist)
		Budget figures checked for accuracy and budget justification included
		Section on required documentations completed
		Budget summary and justification, completed (overlapping/partnership funds indicated)
		Summary page(s) for overlapping grants
		Lay summary of research proposal (maximum 250 words)
		Description of research proposal (five-page limit for Major Grant; four-page limit for Small Grant)
		Two-page CV completed (includes training, qualifications, position, research experience, and publications)
		High-resolution digital headshot (jpeg) to be sent electronically only
		This checklist has been attached to the original copy of this application

Attach this **External Reviewers Form** to the Original copy only.

Name of Applicant:	
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EXTERNAL REFEREES:

1) Please suggest two suitable external referees. These referees should be knowledgeable in your field of research and be from out of Manitoba. Do not suggest current/former collaborators, members of your Department, former supervisors, students or postdoctoral fellows.

2) Referees other than those suggested by you may be used.

If there are individuals to whom you do not wish your application to be sent please provide their names in a cover letter.

PROVIDE COMPLETE NAME & MAILING ADDRESS: 1)	Area of Expertise:
	Telephone:
	Fax:
	E-mail address:

PROVIDE COMPLETE NAME & MAILING ADDRESS: 2)	Area of Expertise:
	Telephone:
	Fax:
	E-mail address:

**DIAGNOSTIC SERVICES MANITOBA
RESEARCH AND INNOVATION GRANT APPLICATION FORM**

1. Applicant Information

Last Name:	First Name:	Title:
Department:		
Faculty:	University/Institution:	
Mailing Address: (street address, city, province and postal code if other than a departmental address)		
Phone:	Fax:	E-mail:
Position at a Manitoba Institution (include Institution, Faculty, Department if different from above):		

2. Proposed Project

Title of Research Proposal
Synopsis (50 words or less) of proposed research.

3. Acceptance of a grant indicates agreement by the applicant and the institution that employs him/her to the general conditions as outlined in the Awards Guide. The undersigned, guarantee that, where applicable, the CIHR guidelines for handling recombinant DNA molecules and animal viruses and cells will be adhered to; they will comply with the Tri Council Policy statement on Integrity in Research and Scholarship; where human subjects are involved, the research will be conducted in accordance with the Tri-Council Policy Statement "Ethical Conduct of Research Involving Humans", August 1998 and the sponsoring institution's documents; and where personal health information held by a government department of agency is used, the requirements of the *Personal Health Information Act* of Manitoba will be met.

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Applicant Name

4. Required signatures: Signatures from the Dean and President are only required if the principal investigator (PI) has a primary appointment at the University of Manitoba and this institution has been identified by the applicant as the Administrator of Grant Funds. If the PI does not have a primary appointment at the University of Manitoba, signatures from the Institution at which they are employed is required. Signatures of the Head or Medical Director will be taken to indicate additional support for the project and an affirmation that the applicant will have the opportunity to devote time to the project without compromising professional expectations.

NAME	SIGNATURE	DATE(S)
**Applicant:		
Department Head:		
Medical Director:		
Finance Director of Institution (if other than UoM or DSM):		
Dean:		
President:		

****By signing this application you are acknowledging that you have provided accurate information and disclosed all budgetary details with respect to the proposed research project attached to this application.**

Administration of Grant Funds: Please refer to the Awards Guide.

5. People Involved

Only professionals in the health related fields (Faculties of Health Sciences) are eligible to apply for a DSM Research and Innovation Grant. (Please note that priority will be given to principal investigators or co-investigators who are DSM affiliated; collaboration between University of Manitoba, CancerCare Manitoba and DSM researchers is strongly encouraged).

Co-Applicant(s): Give the name(s), Department(s) and Institution(s) of individuals who are co-applicants of this application.
Collaborator(s): List individuals and their Department and Institution who will serve as consultants or collaborators on some aspects of the proposed study. It is advisable to append letters from major collaborators and/or consultants who are not co-applicants to substantiate their willingness to participate in the project.
Name of the Institution where the project will be carried out:
Administrator of Grant Funds: Please provide name, title, address, phone and fax number and email address.

Applicant Name

6. Grant Budget

Clearly define the budget for two years of funding.

A. PERSONNEL	#	% TIME	AMOUNT
Technicians/Technologists			
Trainees: Graduate Studentships			
Postdoctoral Fellows			
Other Personnel			
Fringe Benefits & Payroll Tax			
B. EQUIPMENT			
C. SUPPLIES and SERVICES			
D. TRAVEL			
TOTAL			

- a) Details of the budget requested above. Please ensure that details are complete and full justification is given. It is strongly recommended that all applicants refer to the Awards Guide.
- b) There is a one-page limit allowed for Small Grant and a two-page limit allowed for Major Grant. Do *not* append any further pages.
- c) If currently applying for funding for this project from another granting agency, please indicate percentage of overlap, and append both the summary page and the budget page with details of the budget.
- d) Please also indicate if partnership funding is being sought for the proposed project of this application. In the event of a proposed project being contingent on funds from another grant or source, DSM will require proof of receipt of said funds before the DSM Research and Innovation Grant Award will be released.
- e) Enquires pertaining to cost breakdown for DSM related services/resources should be directed to the DSM Central Intake Office at (204) 235-3935.

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Applicant Name

7. Documentation

(a) Human Ethics Approval – Before any award is made available to the applicant(s), all studies involving human subjects must have gone through any required REB review and be ethically acceptable to DSM and to the sponsoring institution.

(b) Personal Health Information – All studies utilizing personal health information held by a government department or agency require approval of the Health Information Privacy Committee of Manitoba Health and Healthy Living.

Documents	Attached	Pending	Not Applicable
a) Human Ethics Approval			
Comments:			
b) Health Information Privacy Committee Approval			
Comments:			
c) Pathology Access Committee for Tissue Approval			
Comments:			
d) Biosafety Approval			
Comments:			
e) Radiation Approval			
Comments:			

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Applicant Name

8. Lay Summary of the Research Proposal

A lay summary of the proposal including a brief background, objective(s), methods and significance, of no more than 250 words should be typed on this page. Please do not append any pages. This summary may be used in future DSM newsletters or other marketing materials.

Applicant's Name:
Title and Lay Summary of Research Proposal:

9. The percentage of applicant time to be devoted to the project_____.

10. Details of Research Proposal

Include a summary of background and rationale, objectives, hypothesis, experimental approaches, methodology and expected outcome(s) of current proposal, as well as the significance of the research to the DSM mandate.

Detailed description of Research Proposal must be single-spaced (8½ x 11 paper with 2cm margins) and not exceed a maximum of four pages (for Small Grant) and five pages (for Major Grant). The Research Proposal page limit does not include references or figures/tables/charts. One additional page is allowed for references, and one additional page is allowed for figures/tables/charts.

11. How will the research proposed support the DSM vision

Please outline (in 150 words or less) how the proposed research supports DSM's health care priorities and upholds the mission and values of DSM. Please refer to the Awards Guide for DSM's mission and values statements.

12. Personal Data

Please include a Curriculum Vitae (CV) for applicant and all co-applicant(s), maximum two pages per investigator. The CV should include education, training, qualifications, position, research experience (if any), and publications. The applicant(s) should also indicate all grant funding currently held (university funds, private foundations, etc.).

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Applicant Name

13. ACKNOWLEDGMENT OF RECEIPT OF 2015-2017 GRANT APPLICATION:

Please include this page at the end of the original application only.

Applicant's Name:
Applicant's Email Address:
Title of Research Proposal:

ACKNOWLEDGMENT: Acknowledgment by DSM of receipt of your application to be sent to you by email.