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Applicants are advised to carefully read the Call for Applications and Guidelines prior to completing the application form. Failure to do so may result in rejection of an application.

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| Please use this form when submitting your application.  **Submit one copy with all attachments electronically to:** [**grhresearch@ahs.ca**](mailto:gail.kostiw@ahs.ca)  **Deadline for submission: Thursday, October 4, 2018 @ 12:00 noon**  Questions can be directed to [grhresearch@ahs.ca](mailto:gail.kostiw@ahs.ca)  or by calling the Glenrose Research Office @ 780-735-8291.  **NOTE: Incomplete applications will be returned. Attachments must be appended to the end of your application. Please refer to the Attachment Checklist on Page 9 to ensure you  have included all pertinent pages.** |

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| **1. General** |

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| **Please ensure that you have contacted the program manager and clinical lead of the GRH program/service(s) you wish to access, to discuss your research, determine how it can be supported by the Glenrose Rehabilitation Hospital and request a letter of support.** |

Are you applying as a GRH front-line clinician researcher?  Yes  No

If yes, have you discussed your proposed research with [Dr. Gary Faulkner](mailto:Gary.Faulkner@ahs.ca) or [Doug Hill](mailto:Doug.Hill@ahs.ca)? If yes, please proceed in completing the application. If no, please contact them as soon as possible.

**Area of Research** (check one):   
  
 Understanding Child Development Technology  Advancing Function Through Assistive   
 Improving Function for People with Chronic Conditions  Anticipating the Needs of an Aging Population

|  |  |
| --- | --- |
| 1. **Principal Applicant’s Name:** | 1. **Application Date: (dd/mm/yy):** |
| 1. **Position held:** | |
| 1. **Department:** | 1. **Facility:** |
| 1. **E-mail:** | 1. **Phone Number:** |
| 1. **Total amount requested for grant (incl. travel for research):** $   **Title of Proposed Research:**  **Project Start/Completion Dates (mm/yy): From:**        **To:** | |
| 1. **Have you received previous support from the GRH Clinical Research Grant? Yes  No**   **If Yes, please list the grant(s) you have received. If in progress, attach a progress report indicating  status of grant and its implications to GRH clinical practice.**   |  |  |  | | --- | --- | --- | | **Name of Grant** | **Year Awarded** | **Total Amount of Award** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |

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| **2. Project Outline** |

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| **2.1 Using non-technical language, provide a one-paragraph abstract/summary of your project and its   significance to the Glenrose Rehabilitation Hospital patient population. (250 words maximum).** |
| **2.2 As a separate attachment, with a maximum of 5, 1.5” spaced pages, provide a research proposal that  addresses the following:**   1. **Scientific Merit** (clarity of the research question and appropriate description of methods) 2. **Relevance** (to GRH patient populations/strategic directions) 3. **Potential to Positively Impact Clinical Practice at the GRH** 4. **Potential to Build Research Capacity at the GRH** 5. **Innovation** (novel concept or approach) 6. **Feasibility (**Possibility of Completion Within Timeframe and Within Budget **)** (include a breakdown of the timeframe) 7. **GRH Knowledge Translation Plan** |

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| **3. Research Study Budget** |

**a) Salaries including student, research assistant or backfill staffing remuneration   
(*state clearly in the Project Outline the duties of each)***

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| **Name** | **Classification** | **Employment Period** | **Proposed Rate** | **$ Expense** |
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**b) Travel (*fees not to exceed $1000. for travel and/or conferences)***

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| --- | --- | --- | --- | --- |
| **Name of Conference** | **Destination** | **Travel Mode and Cost** | **Number of Days** | **$ Expense** |
|  |  |  |  |  |
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|  |  |  |  | $ |

**Note:** *Research-related travel expenses must comply with Travel Policies of the institution holding the funding.*

**c) Minor Research Equipment, Materials and Supplies *(itemize)***

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| --- | --- |
| **Items** | **$ Expense** |
|  |  |
|  |  |
|  | $ |

**Note:** *Computer hardware/software expense is limited to $1000. and must not be accessible from other in-house sources.***d) Other *(itemize)***

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| **Items** | **$ Expense** |
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|  | $ |

**Note:** *Example: Publication costs, education, posters*

|  |  |
| --- | --- |
| **3.1 Total Amount Requested** | **$** |
| **3.2 Total Amount of Study** | **$** |

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| **4. Signatures (Research Affiliates can submit a U of A Signature Page)** |

I Click here to enter text. comfirm that all the information in this application is true and complete, to the best of my knowledge. The information provided in this application, including the proposed budget, does not duplicate other sources of funding that may have been provided for this project. **(Please ensure you allow enough time for managers/directors to review & sign prior to application deadline)**

**FOR AHS APPLICANTS (INTERNAL)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Principal Investigator/Applicant**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
GRH Program/Service Manager   
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
GRH Division Director**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Co-Principal Investigator/Applicant  
  
  
  
FOR NON-AHS APPLICANTS (EXTERNAL)  
  
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Principal Investigator/Applicant**  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Research Facilitator (on behalf of RSO)**  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Department Chair or Dean of Faculty**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**GRH Program/Service Manager**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Co-Principal Investigator/Applicant**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Research Facilitator (on behalf of RSO)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Department Chair/Dean of Faculty**

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| **5. Team Members** |

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| **Name** | **Department/Facility** |
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| **6. Biographical Sketch (can be downloaded from** [**https://www.albertahealthservices.ca/grh/Page14208.aspx**](https://www.albertahealthservices.ca/grh/Page14208.aspx)**)** |

**Provide the following information for Principal Investigator/Applicant and Co-Investigator/Applicant only.**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME and ROLE (PI or Co-PI)** | | **INSTITUTION/ORGANIZATION and POSITION/TITLE** | |
| **COMPLETE MAILING ADDRESS** | |
| **EDUCATION / TRAINING / RELEVANT WORK EXPERIENCE** (List only work experience relevant to the proposedresearch activities) | | | |
| **Institution/Organization and Location** | **Degree (if applicable)** | **Year** | **Field of Study or Position/Title** |
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1. **Personal Statement.** Briefly describe why your experience and qualifications make you particularly well-suited for your role (e.g. PI, Co-PI, Collaborator) in the proposed research activities. **Do not exceed the space below.**

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**Biographical Sketch Form (cont’d)**

**B. Biographical Sketch**

**ONLY the Principal Investigator and Co-Investigator(s) are required to complete this section.**

Each of the PI and Co-PIs must provide additional information according to the headings listed below. **A maximum of two 1.5” spaced pages each.**

1. **Selected Peer Reviewed Publications (if applicable).** Please limit list to peer-reviewed publications or manuscripts published or in press only. Do not list those that are in preparation or submitted. **List only the most recent or relevant publications.**
2. **Contributions to your Field.** This may include presentations, interviews, or publications (newspaper, magazine, peer reviewed scientific research, etc.).
3. **Other Outputs Relative to the Team’s Proposed Research Activities.** This may include advisory committees, government reports, clinical practice guidelines, patents, knowledge exchange activities, etc.
4. **Research Support.** List both on-going and completed research projects for the last five years. List project title, funding source, period of support, amount funded, and your role in the project.

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| **GRH Clinical Research Grant – Study Timeline** (Note: This chart should identify each activity/objective and expected date/month of completion as noted in your grant proposal). | | | | | | | | | | | | | |
| **Activity/ Objective** | **Nov 18** | **Dec 18** | **Jan 19** | **Feb 19** | **Mar 19** | **Apr 19** | **May 19** | **Jun 19** | **Jul 19** | **Aug 19** | **Sep 19** | **Oct 19** | **Nov 19** |
| Example: Objective 1: Description of Objective 1 | | | | | | | | | | | | | |
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| **7. Attachment Checklist** |

**Be sure to check off each item below and attach:**

|  |  |  |
| --- | --- | --- |
| **Attached** | **Not Applicable** | **Required Item** |
|  | | **Letter of Support** (from the GRH manager of the area where the research will be conducted) |
|  | | **Progress or Final Report** (if you have received prior funding) |
|  | | **Detailed Outline of Proposed Research** |
|  | | **Detailed Budget** (Pg 3) |
|  | | **Detailed Timeline Breakdown** (Pg 8) |
|  | | **Biosketch for Principal Investigator and Co-Investigator ONLY** (incl. role and qualifications). (3 page max each). |
|  | | **Letter(s) of Support from Collaborators** (indicating agreement to collaborate as appropriate) |
|  | | **Photo of Principal Applicant and Co-Applicant** – (for grant recipient presentation @ Spotlight on Innovation event – November 7th) |