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|  | **Community Innovation**  **Grant Application** |

SUBMISSION DEADLINE: **September 8, 2017**

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| ***PART A*** |
| **1. PRINCIPAL INVESTIGATOR(S)**:  Address  City Prov PC  Phone Email |
| **2. SECONDARY INVESTIGATOR(S)**:  Address  City Prov PC  Phone Email |
|  |
| **3. PROJECT**: [ ] Starter [ ] Short-Term Project [ ] Collaboration |
| **TITLE:** |
| **4. STARTING DATE:**  **COMPLETION DATE**: |
| **5. ATTACHMENTS:**  Are human subjects used: [ ] Yes [ ] No If yes, Ethics Certification is: [ ] Attached / [ ] To Follow  Are animal subjects used: [ ] Yes [ ] No If yes, Animal Care Certification is [ ] Attached / [ ] To Follow  Are biohazards involved: [ ] Yes [ ] No If yes, Biosafety Certification is [ ] Attached / [ ] To Follow |
| **6. HAS EXTERNAL FUNDING BEEN RECEIVED FOR SIMILAR PROJECT?** [ ] Yes [ ] No  If yes, attach Budget and Summary for project. |
| **7. PREVIOUS CANADIAN ORTHOPAEDIC FOUNDATION RESEARCH GRANTS:**  Have you held any Canadian Orthopaedic Foundation research grant support within the past three years?  [ ] Yes [ ] No |
| **8. APPLICANT'S SIGNATURE:**  Date: Signature: |

**PART B**

The information for this section is to be provided by the applicant in the form of attachments and will make up PART B of the application. Using the same numbers and headings, your responses must correspond to the sections below:

**B1. CURRICULUM VITAE OF PRINCIPAL AND SECONDARY INVESTIGATORS**

***[One CV summary per Investigator (1 page preferred, up to a maximum 3 pages per Investigator)]***

**B2. EXPERIENCE AND/OR PRIOR RESEARCH:** For each principal and secondary investigator, describe your recent research activities and accomplishments, emphasizing work in the area of the present proposal. ***[Maximum of two (2) pages for each person]***

**B3. PROJECT DESCRIPTION:** In three (3) pages or less, describe your research project. While the form and order of presentation of the material may vary according to the nature of the project and in the interests of clarity, the following must be included:

Please refer to the Community Innovation Award Application Guidelines document for more information to help you formulate your response.

**PRINCIPAL INVESTIGATOR(S):**

**PROJECT TITLE:**

***PART C***

*APPEND THESE BUDGET PAGES FOLLOWING YOUR PROJECT DESCRIPTION.*

Expenses for travel, for the purchase of personal computers, or for indirect or overhead costs (such as heat, lights, etc.) are ineligible.

**C1. GRANT REQUEST SUMMARY:**

Personnel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Materials/Equipment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL GRANT REQUEST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Include one paragraph justifying the budget to provide the reviewers with an improved understanding as to how the money provided by the Community Innovation Award will allow the investigators to complete their research project.

**C2. PERSONNEL COSTS (See Part C Instructions for Applicants)**

POSITION/EMPLOYEE I:

Classification/Job Title:

Rate: $ /hour x hrs/week x weeks + 10% Benefits

Total: $

Rationale for the hourly rate:

Work Performed/Service Provided:

**C3. DETAILS OF GRANT REQUEST – OTHER**

MATERIALS/EQUIPMENT/SERVICE