

Manitoba Spinal Cord Injury Research Committee 2017 Operating Grant Checklist

**INCOMPLETE OR IMPROPERLY PREPARED
APPLICATIONS WILL BE RETURNED
WITHOUT REVIEW!**

- Signature Page Complete**
- Original copy of grant plus an Electronic Copy of Operating Grant Research Module and CIHR Version of Common CV attached**
- Lay Summary Completed**
- Supporting Documents (Letters of Collaboration, Quotes, and Regulatory Approvals Only) Attached**

Manitoba Spinal Cord Injury Research Committee Operating Grant Module

(Enter text in the indicated boxes. Click on relevant check boxes in section 6. Save completed application as <your name>-2017.doc and submit an electronic copy in addition to 1 signed paper copy. This application must be accompanied by one print copy and one electronic copy of the CIHR version of the Common CV of the Applicant and Co-Applicant in pdf or doc format)

1. Name of Applicant:

2. Contact Information:

Mailing Address:
Telephone:
Fax Number:
Email Address:

3. University Department or Agency/Institution:

4. Project Title:

5. Co-investigators:

| 6. Certification requirements | Obtained (Attach documentation) | Pending | Not applicable |
|--------------------------------------|--|----------------|---------------------------|
|--------------------------------------|--|----------------|---------------------------|

| | | | |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| Use of Human Subjects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use of Animals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Biohazards or other Containment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Signatures

The signature of the applicant below indicates that the applicant has read and agrees to abide by the policies of the Manitoba Spinal Cord Injury Research Committee. The signature of the Dean/Department Head/Executive Director confirms that the applicant has an appointment that provides adequate time and access to facilities to conduct the proposed research and the absence of any other impediments to the conduct of that research.

Applicant.....

**Dean/Department Head/
Executive Director.....**

Date.....

Date.....

Lay Summary (Maximum 1 page).

Applicant surname

This section must explain how your project is relevant to one or more of the following research priority areas:

- 1. Reduce incidence of Permanent Paralysis*
- 2. Quality of Life Improvements for People with Spinal Cord Injury*
- 3. Implementation of Validated Best Practices*
- 4. SCI-TRP Innovation and Management*
- 5. SCI-Related Research Projects*

This section should explain your project in terms that can be understood by a non-scientist. Please avoid technical terms, acronyms and jargon. This section or extracts of it may be used in publications, announcements and releases.

Applicant surname

Project summary – maximum 1 page

Summarize your project in scientific terms. Include hypotheses to be tested, nature of experimental subjects, main methods to be used, and outcomes expected from 1 year of support.

Applicant surname

**Research Description – maximum 8 pages not including references and figures
(Please note the change from 10 pages to 8 pages.)**

Please describe your project including background, methods, research design, significance of the research and possible future research directions. Please note: Reviewers, while knowledgeable, are not experts in specific fields of research that may be submitted, therefore research details must be written in simple and clear language.

Budget

Please express figures as round dollars only.

1. Personnel

Include only staff required for the conduct of the research.

| Description | Annual Full salary | %time | actual salary (without benefits) |
|-------------|--------------------|-------|-------------------------------------|
|-------------|--------------------|-------|-------------------------------------|

(i)
(ii)
(iii)
(iv)

Total salary
Benefits (salary x 20%)
Total Personnel

2. Disposables and supplies

Animal charges
Chemicals and reagents
Other disposables
Total Disposables and Supplies

3. Small equipment (less than \$1000)

| Description | cost |
|-------------|------|
|-------------|------|

Total Small Equipment

4. Other services

Travel for the purpose of conducting research
Shared equipment charges
Publication costs
Other
Total Other Services

Total Budget (1 year)

Applicant surname

Budget Justification

Please provide a detailed justification of your budget. Maximum 2 pages.

Applicant surname

Supporting documents.

You may provide supporting documents in the form of letters of collaboration, quotes for unusual and essential supplies or services, and animal care, human ethics or other regulatory approvals. Other appendices will not be accepted.

Paper copies are adequate, but please use the section below to make a list of the supporting documents you have provided.