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| **Full Application Form – CHD Team Grants** |
| Applicants are required to fill out all sections of this form. Any misrepresentation may result in cancellation of the award. |
| 1. **Nominated Principal Applicant (NPA):**   Name:  Host Institution:  Email:  **Note: The NPA may not change between the Registration and the Full Application**. |
| 1. **Principal Applicants (PAs):**   Name:  Host Institution:  Career stage: Early-career researcher  Mid-career researcher  Senior-career researcher  Email:  Name:  Host Institution:  Career stage: Early-career researcher  Mid-career researcher  Senior-career researcher  Email:  Name:  Host Institution:  Career stage: Early-career researcher  Mid-career researcher  Senior-career researcher  Email:      :  Name:  Host Institution:  Career stage: Early-career researcher  Mid-career researcher  Senior-career researcher  Email:  Name:  Host Institution:  Career stage: Early-career researcher  Mid-career researcher  Senior-career researcher  Email:  Name:  Host Institution:  Career stage: Early-career researcher  Mid-career researcher  Senior-career researcher  Email:  *\*if additional space is required, please append page(s) following the format above.* |
| 1. **Cross-Cutting (CC) Theme Leads:**   Name:  Host Institution:  Email:  Cross-Cutting Theme:  Name:  Host Institution:  Email:  Cross-Cutting Theme:  Name:  Host Institution:  Email:  Cross-Cutting Theme:  *\*if additional space is required, please append page(s) following the format above.* |
| 1. **Collaborators and Knowledge Users**   Name:  Affiliation:  Email:  Name:  Affiliation:  Email:  Name:  Affiliation:  Email:  Name:  Affiliation:  Email:  Name:  Affiliation:  Email:  Name:  Affiliation:  Email:  Name:  Affiliation:  Email:  Name:  Affiliation:  Email:  *\*if additional space is required, please append page(s) following the format above.* |
| 1. **Title of the Research Proposal** |
| 1. **Research Area (select one only)**   Causes & Early Detection  Brain Health & CHD  Care Transitions |
| 1. **Lay Summary: In a maximum of 300 words, write a lay summary describing your proposed research in non-scientific everyday language, at a level no greater than Grade 10, and suitable for a general audience (e.g., patient, caregiver, community member).** |
| 1. **Keywords: Include up to ten (10) keywords that describe the proposed research activities.** |
| 1. **Assurance is given that any human experimentation will be acceptable to the institution on ethical grounds and comply with the Tri-Council Policy Statements: “Ethical Conduct for Research Involving Humans”. In the case of laboratory animals for animal experimentation, the guideline principles enunciated by the Canadian Council on Animal Care will be adhered to, and the proposed research will not be undertaken until it has been accepted as meeting the requirements regarding biological and chemical hazards as outlined in the Public Health Agency of Canada “Laboratory Biosafety Guidelines”. In addition, any research involving human pluripotent stem cells must adhere to the “Human Pluripotent Stem Cell Research: Guidelines for CIHR-funded Research”. The institute must notify Heart & Stroke if such approval is not forthcoming.**   Does this research involve:  Human subjects  Yes  No  Human pluripotent stem cells  Yes  No  Animals  Yes  No |
| 1. **Suggest up to three (3) Canadian and/or international reviewers that you think have the expertise to review your application. The funders reserve the right to make the final selection of reviewers. You should not suggest reviewers in conflict of interest. Consult the**[**Conflict of Interest and Confidentiality Agreement for Peer Reviewers and Peer Review Observers**](https://cihr-irsc.gc.ca/e/46378.html)**on the CIHR website for more information.**   Name:  Institution:  Email:  Name:  Institution:  Email:  Name:  Institution:  Email: |

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| 1. **Signatures are required for the NPA, PA(s), and CC Theme Leads. Original signatures are not required.** | | |
| NPA: |  |  |
|  | Signature | Date |
| PA(s): |  |  |
|  | Signature | Date |
| PA(s): |  |  |
|  | Signature | Date |
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| CC Theme Lead(s): |  |  |
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|  | Signature | Date |
| CC Theme Lead(s): |  |  |
|  | Signature | Date |
| CC Theme Lead(s): |  |  |
|  | Signature | Date |
| \**if additional space is required, please append pages using the above format.* | | |
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| 1. Signature of the Administrative or Financial Officer at the NPA’s Host Institution who will administer funds on behalf of the funders.   Name:  Title:  Institution:  Signature: | | |