



Application Number

REQUEST TO REPLACE, ADD, REMOVE OR PROMOTE INDIVIDUALS ON EXISTING GRANTS

| Funding program(s) | CIHR | Rx&D | SME | Salary Support | CIHR | Rx&D | SME | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Operating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | New Investigator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Randomized Controlled Trials | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Investigator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Research Resource Grant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Senior Investigator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| CIHR Team Grant* | <input type="checkbox"/> | | | Senior Research Fellowship (Phase 2) | <input type="checkbox"/> | | | | |
| Emerging Team Grant* | <input type="checkbox"/> | | | Clinician Scientist (Phase 2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Catalyst Grant | <input type="checkbox"/> | | | | | | | New | Renewal |
| New <input type="checkbox"/> Renewal <input type="checkbox"/> | | | | Research Chair | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Funding Reference Number (FRN): | | | | | | | | | |

* A letter of intent to CIHR must precede submission to these programs.

Competition Date: Proposed Start Date (MM/YYYY) | (Salary Programs Only)

Nominated Principal Applicant / Candidate

Surname Given Names

Project Title:

Primary location where research will be conducted Department Faculty

Is this a multi-center study? Yes No

Institution which will administer project funds (Institution Paid)

CERTIFICATION REQUIREMENTS

If this research will involve any of the following, check the box(es). If the grant is awarded, the necessary certification requirements must be met in accordance with policies on ethical conduct of research.

Human subjects Human stem cells Animals Biohazards Environmental impact

A requirement for containment Level 1 2 3 4

Does this application include a Randomized Controlled Trial? Yes No

Period of support requested (for Grants only): Years Months

Language in which proposal is written English French

Amount Requested from CIHR in First Full Year (for Grants only)

Operating Equipment Total requested

It is agreed that the general conditions governing Grants and Awards, as well as the statement "Meaning of Signatures on Application Forms" as outlined in the Canadian Institutes of Health Research Guides apply to any grant or award made pursuant to this application and are hereby accepted by the applicant(s) and the applicant(s)' employing Institution(s).

The nominating institution recommends this candidate for the salary support award and undertakes (1) to provide adequate accommodation and research facilities, (2) to provide the candidate with an appointment which allows him/her the time to pursue the proposed research (a faculty appointment for those working in a University or affiliated Institution) and freedom to publish the results of the research in the public domain.

| | | |
|---|----------------------------------|----------------------------------|
| Signature of Appropriate Authorized Official at the Institution Paid | | |
| Print Name: <input type="text"/> | Print Name: <input type="text"/> | Print Name: <input type="text"/> |
| Date: <input type="text"/> | | Date: <input type="text"/> |

| | |
|---|---|
| Name of Nominated Principal Applicant/ Candidate and Primary location of Research | Total Grant Amount Requested from CIHR (1 st year) |
|---|---|

Signatures

List all applicants in the following order: Nominated Principal Applicant / Candidate, Principal Applicants and Co-Applicants. Print additional pages if necessary.

It is agreed that the general conditions governing Grants and Awards, as well as the statement "Meaning of Signatures on Application Forms" as outlined in the Canadian Institutes of Health Research Guides apply to any grant or award made pursuant to this application and are hereby accepted by the applicant(s).

| | | | |
|-------------|-------------|---------|-----------|
| Name | Given Names | Role | Signature |
| Institution | Department | Faculty | Date |
| Name | Given Names | Role | Signature |
| Institution | Department | Faculty | Date |
| Name | Given Names | Role | Signature |
| Institution | Department | Faculty | Date |
| Name | Given Names | Role | Signature |
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