Applicants must carefully review the guidelines document for the Department of Medicine (DoM) Matching Research Funds grant program to ensure eligibility. Any questions regarding eligibility should be directed to the Research Director, Department of Medicine (DoMResearch@nshealth.ca).

**Deadline: Minimum of four weeks prior to external application deadline**

**Completed Applications to** **DoMResearch@nshealth.ca**

**Applicant Checklist**

Applicant: Date:

**To be provided by applicant:**

[ ]  Checklist.

[ ]  Completed electronic copy of the DoM Matching Research Funds application form (including all attachments).

☐ Appropriate Institutional Committee Approval (check all that apply):

☐ ... of research involving human subjects.

☐ … of research involving care of animals.

☐ … of research involving biological and chemical hazards.

☐ Not applicable.

☐ Academic CV of applicant and principal investigator (Canadian Common CV preferred).

☐ Completed electronic copy of the application form to the external agency/agencies.

**Please note:**

* Grant applications which do not fully comply with the above checklist will not be reviewed.
* Funds may be requested for equipment, materials, and salaries (plus benefits) for technicians and/or research assistants. In the event that funds will be used to hire family members, the Research Director and Department Head must be notified and information regarding their qualifications must be explicitly stated.
* UIMRF grant funds do not support investigator travel.
* It is necessary for all proposals involving clinical research at the Nova Scotia Health to have approval from the NSH Research Ethics Board, including a written informed consent form, prior to study initiation. All clinical research to be performed must follow ICH guidelines.

**Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Applicant Name:** |  |  |
| **Division:** |  |  |
| **Email:** |  |  |
|  |
|  | **Project Title:** |
|  |
|  |
|  | **Name of Funding Agency and Program:** |
|   |
|  |
| **Application Deadline:** |  |
|  |
|  | **Principal Investigator:** |
| Name: | Institution: | Email: |
|  |  |  |
|  |
|  | **Brief Description of the Proposed Research:**Please ensure a copy of the application to the other funding agency/agencies is attached. |
|  |
|  |
|  | **Budget Summary of Proposed Research:** |
|  | Total Budget, All Sources | Request to DoM |
|  | 1. Personnel – Salaries, fringe benefits, etc.
 | $ | $ |
|  | 1. Training
 | $ | $ |
|  | 1. Research Operating Costs
 | $ | $ |
|  | 1. Research Equipment / Infrastructure
 | $ | $ |
|  | 1. Travel
 | $ | N/A |
|  | 1. Knowledge Translation
 | $ | $ |
|  | 1. Other
 | $ | $ |
|  | Total: | $ | $ |
|  |
|  | **Matching Fund Requirements:** |
| 1. What percentage of the budget listed above does the match require?
 |  |
| 1. Is this match cash, in-kind, or both?
 |  |
| 1. Is this research area a strategic priority for the Department? Briefly describe alignment.
 |  |
| 1. If other institutions and/or partners are providing matching funds to the application, list the institutions, matching request amount, and if funding is confirmed. Attach confirming documents.
 |  |
|  |
|  | **Other Sources of Funding Requested / Received:** |
| Source: | Requested: | Confirmed:(Yes / No / Pending) | Amount Received: |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
| Total: | $ |
|  |
|  | **Matching Funds Requested from Department of Medicine** |
| By Fiscal Year: | Line Item Summary: | Amount: |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| Total: | $ |
|  |
|  | **REB Status:** Briefly provide any relevant details regarding REB status in the space below. |
| [ ]  Planned | [ ]  Submitted | [ ]  Approved | [ ]  Exempt |
|  |
|  |
|  |
|  | **Research Mentorship:**The Department of Medicine is committed to supporting the development of clinical, translational, and basic science researchers at the commencement, or other critical times, of their career. Please select from the following options, and provide any relevant details in the space below: |
| [ ]  | Mentorship is not required. | [ ]  | Mentorship is required.  | [ ]  | Mentorship has already been arranged. |
|  |
|  |
|  |
|  |
| Acceptance of a grant constitutes an agreement that: |
|  | 1. The stipulations of the Nova Scotia Health and/or Dalhousie Research Ethics Committees on human experimentation will be observed (if applicable).
2. The guidelines of the Canadian Council on Animal Care with respect to animal experimentation will be observed (if applicable).
3. The Tri-Council guidelines for handling recombinant DNA molecules and animal viruses and cells will be observed (if applicable).
4. The applicant(s) has read and agrees with the Faculty of Medicine’s Research Policies and Procedures (found at [medicine.dal.ca](https://medicine.dal.ca/) under Research)
 |
|  |
| **Signatures:** |
|  |
| *Applicant / Lead Investigator* |  | *Division Head(s):* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |
| *Department Head:* | (DoM Research Office will obtain Department Head signature during application review process) |
|  |
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