



**DAL SURGERY**

*Research*

## Seed Funding Application Checklist

---

NAME OF PRINCIPAL APPLICANT:

---

Please be sure that you have included all the necessary information.

Incomplete applications cannot be considered.

Applicants are responsible for keeping within page limits even though the form will expand to fit additional text especially when cutting and pasting.

\_\_\_\_\_ 1. **Thursday July 14, 2016 Due Date**

### Section 1.0 FORMS

- \_\_\_\_\_ 1. Cover sheet (with signatures)
- \_\_\_\_\_ 2. Team signatures
- \_\_\_\_\_ 3. Abstract – plain language
- \_\_\_\_\_ 4. Research summary
- \_\_\_\_\_ 5. Relevance
- \_\_\_\_\_ 6. Research proposal description (up to 6 pages may be added, 1.5 spacing, 11 pt. Arial font, .5 inch margins left and right)
- \_\_\_\_\_ 7. Budget
- \_\_\_\_\_ 8. Original plus one electronic copy

### Section 2.0 ATTACHMENTS

- A. CV – Principal applicant(s) and Co-principal applicant(s) please use the [CIHR CV module](#)
- B. CV – Co-applicant(s) please use the [CIHR CV module](#)
- C. Letters (support or collaboration)

APPLICANT'S SIGNATURE

DATE (DD/MM/YY)

## 1. Cover Sheet

Family Name of **Principal** Applicant:

Given name(s):

Initial(s):

Family Name of **Co-principal** Applicant:

Given name(s):

Initial(s):

DATE

Day

Month

Year

Title of Proposal

Write a **maximum of 10 key words** that describe this proposal

1.  
2.  
3.  
4.  
5.

6.  
7.  
8.  
9.  
10.

Category of Research (see NSHRF definitions – chose in order of relevance **1 (most relevant)** to **4 (least relevant)** or NA – Not Applicable)

**Health Services**

**Health Outcomes**

**Health Policy**

**Medical**

## CERTIFICATION REQUIREMENTS

If this proposal involves any of these on the right, check the box(es) and **submit the protocol** to the university/institution committee.

☐ Research involving humans

☐ Research involving animals

☐ Research involving biohazards

NOTE: all signatures to be done once form is completed and printed. They can not be added electronically.

Principal Applicant's Signature

Head of Division Signature

email

Co-applicant's Signature (if applicable)

email

## 2. Team Signatures

Applicant's Full Name

### SIGNATURES FOR RESEARCH FUNDING PROGRAMS ONLY

List each **co-applicant and associate** on whose behalf the application is being made.

NOTE: all signatures to be done once form is completed and printed. They can not be added electronically.

1	FAMILY NAME	GIVEN NAME(S)	ROLE
	INSTITUTION	DEPARTMENT	SIGNATURE
	DATE (M/D/YY)		
2	FAMILY NAME	GIVEN NAME(S)	ROLE
	INSTITUTION	DEPARTMENT	SIGNATURE
	DATE (M/D/YY)		
3	FAMILY NAME	GIVEN NAME(S)	ROLE
	INSTITUTION	DEPARTMENT	SIGNATURE
	DATE (M/D/YY)		
4	FAMILY NAME	GIVEN NAME(S)	ROLE
	INSTITUTION	DEPARTMENT	SIGNATURE
	DATE (M/D/YY)		
5	FAMILY NAME	GIVEN NAME(S)	ROLE
	INSTITUTION	DEPARTMENT	SIGNATURE
	DATE (M/D/YY)		
6	FAMILY NAME	GIVEN NAME(S)	ROLE
	INSTITUTION	DEPARTMENT	SIGNATURE
	DATE (M/D/YY)		
7	FAMILY NAME	GIVEN NAME(S)	ROLE
	INSTITUTION	DEPARTMENT	SIGNATURE
	DATE (M/D/YY)		
8	FAMILY NAME	GIVEN NAME(S)	ROLE
	INSTITUTION	DEPARTMENT	SIGNATURE
	DATE (M/D/YY)		

### 3. Abstract – Plain Language

Applicant's Full Name

Applicant(s)/Co-applicant(s)/Candidate(s)

1.	FAMILY NAME	GIVEN NAME(S)
2.	FAMILY NAME	GIVEN NAME(S)
3.	FAMILY NAME	GIVEN NAME(S)
4.	FAMILY NAME	GIVEN NAME(S)
5.	FAMILY NAME	GIVEN NAME(S)
6.	FAMILY NAME	GIVEN NAME(S)
7.	FAMILY NAME	GIVEN NAME(S)
8.	FAMILY NAME	GIVEN NAME(S)
9.	FAMILY NAME	GIVEN NAME(S)

TELEPHONE NUMBER **PRINCIPAL APPLICANT**

FAX NUMBER **PRINCIPAL APPLICANT**

EMAIL ADDRESS **PRINCIPAL APPLICANT**

Location where research will be conducted

Lay title for research (one line only)

#### **ABSTRACT**

(Suitable for preparation of a press release (i.e., Suitable for non-scientific audience)).

**NO ADDITIONAL PAGES MAY BE ADDED. CUTTING AND PASTING FROM ANOTHER (POLISHED) DOCUMENT IS RECOMMENDED.  
USE 11 PT. ARIAL, 1.5 LINE SPACING, .5 INCH (1.27 CM) LEFT AND RIGHT MARGINS.**

# 4. Research Summary

Applicant's Full Name

## RESEARCH PROPOSAL SUMMARY

Applicants should summarize the objective(s), hypothesis and research plan.

NO ADDITIONAL PAGES MAY BE ADDED. CUTTING AND PASTING FROM ANOTHER (POLISHED) DOCUMENT IS RECOMMENDED.

.

5. Relevance

Applicant's Full Name

RELEVANCE TO THE DEPARTMENT OF SURGERY – DALHOUSIE UNIVERSITY

Please demonstrate the relevance of the proposed research project and its anticipated outcomes to the Department of Surgery, Dalhousie University.  
NO ADDITIONAL PAGES MAY BE ADDED. CUTTING AND PASTING FROM ANOTHER (POLISHED) DOCUMENT IS RECOMMENDED.

<b>6. Research Proposal Description</b>	<b>Applicant's Full Name</b>
-----------------------------------------	------------------------------

**RESEARCH PROPOSAL DESCRIPTION**

Applicants should provide a **clear, concise description** of their research proposal.

A MAXIMUM OF 6 PAGES MAY BE ADDED TO THIS PAGE.

Page limits do **not** include references, tables, charts, figures, and photographs (black and white copies recommended)

Questionnaires and consent forms may be attached as appendices where applicable. Reviewers will adjudicate your proposal as it is presented.

## 7. Budget

Applicant's Full Name

<b>Categories</b>	
Personnel Costs (salaries and benefits)	
Professional/Technical Services Contracts	
Materials and Supplies	
Equipment <sup>1</sup>	
Travel	
Dissemination	
Other, specify:	
<b>Totals</b>	

### Justification

List and describe all expenditures included in the above categories, using up to two (2) pages, appended immediately following this page. Be sure to:

- State for each personnel position: its role, the level or classification, hourly wage, work hours per week and number of weeks to be worked; use rates that are current and appropriate to the work proposed; consult your institution in this regard;
- Provide details of any contracts or arrangements for professional and technical services;
- Attach price estimates for all equipment valued at \$2,000 or more, quoted in Canadian dollars and include applicable taxes, shipping costs, and any other costs that are part of the purchase;
- Provide relevant detail about any items listed as "other."