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| **Clinician – Scientist Collaboration Seed Grant** |
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| **IMPORTANT DEADLINES:**  **Applications are due by 5pm on December 15th, 2019.**  Progress reports will be due one year from the research start date.  When deadlines fall on a statutory holiday or weekend, applications/progress reports are due at 5pm on the next working day. Late or incomplete applications will not be accepted. |
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| **Submission Instructions**  All applications should be submitted no later than 5pm on the application deadline. Please submit the application as a PDF file to the McCaig Institute ([McCaig@ucalgary.ca](mailto:McCaig@ucalgary.ca)).  **Application Submission Checklist**  Completed Application Form (Excluding progress report section)  **Progress Report Submission Checklist**  Completed Application Form (Including progress report section) |
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| All team members have carefully read the terms of reference for this award and followed the instructions to complete this application. We certify that the information contained in this form is true and complete.  **With any questions, please contact:**  **McCaig Institute for Bone and Joint Health**  [McCaig@ucalgary.ca](mailto:McCaig@ucalgary.ca) |

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| ***PRINCIPAL APPLICANT: PERSONAL INFORMATION \*note: please use the up & down arrows to move between fields\**** | | |
| **1. APPLICANT NAME:**  Type Here | **2. DEPARTMENT:**  Type Here | |
| **3. INSTITUTE MEMBERSHIP:** (*List full membership in all institutes)*  Type Here | **4. OFFICE ADDRESS:**  Type Here | |
| **5. EMAIL ADDRESS:**  Type Here | **6. TELEPHONE:**  Type Here | |
| **7. CERTIFICATION REQUIREMENTS:**  *Please note that all research that involves the use of human subjects, animal care and use, and the handling and storage of bio-hazardous materials must be reviewed and certified by the appropriate University Compliance Committee before the research may commence.*   |  |  |  |  | | --- | --- | --- | --- | | HUMAN SUBJECTS | HUMAN STEM CELLS | ANIMALS | BIOHAZARDS | | | |
| ***CO-APPLICANT(S): PERSONAL INFORMATION*** | | |
| **8. CO-APPLICANT NAME:**  Type Here | | **9. DEPARTMENT:**  Type Here |
| **10. INSTITUTE MEMBERSHIP:** (*List full membership in all institutes)*  Type Here | | **11. OFFICE ADDRESS:**  Type Here |
| **12. EMAIL ADDRESS:**  Type Here | | **13. TELEPHONE:**  Type Here |
|  | | |
| ***PROPOSED RESEARCH PROJECT*** | | |
| **14. PROJECT TITLE:**  Type Here | | |

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| ***PROPOSED RESEARCH PROJECT*** |
| **15. PROJECT DESCRIPTION:**  *(Maximum two pages, single spaced. Section will expand as you type.*) |

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| ***PROPOSED RESEARCH PROJECT*** |
| **16. DESCRIBE THE BUDGET:**  *(Maximum one page. Suggested line items include in-kind services, materials and supplies, personnel, services, etc.)* |

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| ***PROPOSED RESEARCH PROJECT (Continued)*** |
| **17. BRIEFLY OUTLINE THE CONTRIBUTIONS OF THE KEY TEAM MEMBERS TO THE PROJECT:**  *(Maximum half a page.)* |