DOM RESEARCH AWARDS APPLICATION CHECKLIST

Please refer to Terms of Reference

Applicant name: _____

Email address: _____

Project title: _____

Amount requested: _____

Applicant signature: _____ Date: _____

Division Chair signature: _____ Date: _____

Application Checklist:

☐ Junior investigator (less than 5 years) OR new department member

OR

☐ New research initiative not yet funded or represented

Grant Category (Please check one)

☐ Clinical Innovation (1 or more, maximum funding $25,000 award)

☐ Quality Improvement & Patient Safety (up to $25,000 award)

☐ CIHR Pillars: Biomedical research, Clinical research, Population & Public Health or Health Services Research ($25,000 X up to 4 awards)

Required information, must be size 12 font, 1-inch margins, lengths indicated below:

☐ **Which external funding will you be applying for? (not to exceed 1 page)**

☐ **Background and rationale – why is this proposal important? (not to exceed 1 page)**

☐ **What is your hypothesis/aims and objectives? (not to exceed 1 page)**

☐ **What is your research plan? (not to exceed 2 pages)**

☐ **What will be realized from this study and how will this project contribute to future external applications? (not to exceed 1 page)**

☐ **Budget rationale (Operating costs, personnel, travel (max. $1000), equipment (<$5000), (not to exceed 1 page)**

☐ **References (maximum of 15), (not to exceed 1 page)**

☐ **Attach Canadian Common CV (CIHR format)**

Please submit your complete application along with this application checklist to Barbara Davison barbara.davison@queensu.ca by Tuesday, April 2nd, 2019