



Memorial University's
Medical Research
Foundation



MRF Application Cover Sheet

Date (dd/mm/yy): _____

Requested Budget: _____

Application Type (tick all that apply):

Fall MRF Application

Dean's Clinical non-Clinical Collaborative Grant

Other (please specify):

Nominated Principal Investigator (name & affiliation):

Project Title: _____

Signatures (include printed name, signature, and date):

Nominated Principal Investigator: _____

Associate Dean or Clinical Chair: _____

Co-Principal Investigator (if applicable): _____

Associate Dean or Clinical Chair: _____

Co-Principal Investigator (if applicable): _____

Associate Dean or Clinical Chair: _____

(append a page for signatures of additional co-PI's, if applicable).

Checklist of application components:

Application form, page 1:	MRF Application Cover Sheet (signatures required)
Application form, page 2:	Checklist of application components
Application form, page 3:	Investigator Information
Application form, page 4:	One-page Summary of Research Proposal ¹
Application form, page 5:	Budget Summary
Application form, page 6:	Review Information
Appendix 1:	Budget Justification (2 page limit) ²
Appendix 2:	CIHR formatted Common CV (Nominated PI only)
Appendix 3:	Research Proposal (3 page limit ^{1,3})
Appendix 4:	Research Proposal Supplementary Pages ⁴ (optional)
Appendix 5:	Information on other funding (required; up to 1 page each)
Appendix 6:	Role of Co-investigators (optional page for teams ≥ 4)
Appendix 7:	Additional Contact Information (required for teams ≥ 4)
Appendix 8:	Response to Previous Reviews (1 page limit- optional)

Please use at least 12 point font.

¹ Single spaced.

² For Fall grants program, to be eligible to receive the additional amount awarded to the top ranked application (Cox Award), please include a brief indication (1 – 2 sentences) in the budget justification of how the additional funding would be used.

³ For research teams > 4, Appendix 6 can be included to explain the role of individual investigators.

⁴ This may include a reference list, illustrations, graphs, tables, and surveys or other materials to be used in the research. These will not be included in the page limit for the research proposal.

See MRF website (www.med.mun.ca/MRF) for detailed application guidelines and requirements.

Investigator Information

Nominated Principal Investigator: _____

(title, surname, first name)

Position: _____ Faculty: _____ Department: _____

Institution: _____ Telephone: _____ Fax: _____

email: _____

: _____

(title, surname, first name)

Position: _____ Faculty: _____ Department: _____

Institution: _____ Telephone: _____ Fax: _____

email: _____

: _____

(title, surname, first name)

Position: _____ Faculty: _____ Department: _____

Institution: _____ Telephone: _____ Fax: _____

email: _____

: _____

(title, surname, first name)

Position: _____ Faculty: _____ Department: _____

Institution: _____ Telephone: _____ Fax: _____

email: _____

Use additional pages if necessary.

One-Page Summary of Research Proposal

This summary is a KEY component of the review process. Please see MRF guidelines for details.

Budget Summary

Salaries and Stipends _____

Services _____

Equipment _____

Supplies _____

Travel (field research) _____

Travel (dissemination) _____

Other _____

Total _____

Review Information

Key Words: Please list up to 8 keywords.

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Suggested Reviewers: Please suggest reviewers from inside Memorial University (can be from outside the Faculty of Medicine).

Name	Affiliation	Expertise	Email

Suggested Reviewers to Exclude:

Name	Affiliation	Reason to Exclude