



Enhancing Health Care in Newfoundland and Labrador Full Application

Section A – Checklist and Instructions for Submission

Please fill in this form on your computer using Adobe Acrobat Reader or Acrobat Professional, saving it occasionally to your desktop with a filename in the following structure: **Your name – EHC App**. When you have finished, save it again and then attach it, and the other documents in this checklist, to an email to tkwhite@mun.ca with this 'Subject' line: **Surname, First name, ECH**. Do not send any printed documents by mail – only transcripts will be accepted in hard copy by the issuing institution.

The deadline for receipt of this submission is **4:30 pm NST on July 27, 2015**. Documents that arrive after the deadline will not be considered. When your e-mail is received, you will receive an e-mail reply within 24 hours acknowledging receipt. If you do not receive this acknowledgment, please call Tyrone White at (709) 777-7973.

Please use the checklist below to ensure you have included all required electronic documentation with your application.

| Required Documents | |
|--|--------------------------|
| Application form (this document in PDF format) | <input type="checkbox"/> |
| Project Proposal (attachment; no longer than 8 pages; in Word or PDF format – see Section G) | <input type="checkbox"/> |
| Biographical Information for all applicants (attachment; see Section H) | <input type="checkbox"/> |
| Letter(s) of Authorization (attachment; see Section J) | <input type="checkbox"/> |
| Transcripts (only applicable if applicant is a graduate student – see Section K) (must be sent directly from the issuing institution) | <input type="checkbox"/> |

| Optional Documents | |
|---|--------------------------|
| Letter(s) of Support (attachment; see Section I) | <input type="checkbox"/> |

If you have any questions about this application or the Enhancing Healthcare in Newfoundland and Labrador Program, please contact Tyrone White at tkwhite@mun.ca or (709) 777-7973.



Section B – Nominated Principal Applicant Information

The Nominated Principal Applicant is defined as an individual who will:

- be responsible for the direction of the proposed activities; and
- assume the administrative and financial responsibility for the grant or award; and
- receive all related correspondence related to this application
- Every application must have one Nominated Principal Applicant; if there is only one Principal Applicant, that person is automatically the Nominated Principal Applicant

Title: Dr. Mr. Ms.

Surname:

First Name:

Organization and Department:

Mailing Address:

Telephone:

Fax:

Email:



Section C – Co- Principal Applicant Information (if applicable)

Title: Dr. Mr. Ms.

Surname:

First Name:

Organization and Department:

Mailing Address:

Telephone:

Fax:

Email:



Section D – List of all Co-Applicants Below

| | | |
|---|------------------------------------|--|
| 1 | Full Name | |
| | Title and Position | |
| | Department or Unit (if applicable) | |
| | Institution | |
| 2 | Full Name | |
| | Title and Position | |
| | Department or Unit (if applicable) | |
| | Institution | |
| 3 | Full Name | |
| | Title and Position | |
| | Department or Unit (if applicable) | |
| | Institution | |
| 4 | Full Name | |
| | Title and Position | |
| | Department or Unit (if applicable) | |
| | Institution | |
| 5 | Full Name | |
| | Title and Position | |
| | Department or Unit (if applicable) | |
| | Institution | |



Section D – List of all Co-Applicants Below (continued)

| | | |
|-----------|------------------------------------|--|
| 6 | Full Name | |
| | Title and Position | |
| | Department or Unit (if applicable) | |
| | Institution | |
| 7 | Full Name | |
| | Title and Position | |
| | Department or Unit (if applicable) | |
| | Institution | |
| 8 | Full Name | |
| | Title and Position | |
| | Department or Unit (if applicable) | |
| | Institution | |
| 9 | Full Name | |
| | Title and Position | |
| | Department or Unit (if applicable) | |
| | Institution | |
| 10 | Full Name | |
| | Title and Position | |
| | Department or Unit (if applicable) | |
| | Institution | |



Section E – Plain-language Summary of the Project

All applicants must provide a summary of up to **300 words** in easy-to-understand, non-technical language that explains the rationale, objectives and approach of the proposed research.



Section F – Scientific Abstract

The abstract should include the title of the project and a summary of the problem to be investigated, the objectives of the study, the methodology that will be used, and the potential significance of the research. The abstract should not exceed **400 words**.



Section G – Project Proposal

Do not exceed 8 pages using 12-point font and margins on all sides of at least 1 inch (2.5cm). These pages must include any table of contents, tables or figures, and references. The pages should be numbered. This document, in electronic form, should be **attached** to your e-mail application. The project proposal should include the following:

1. Issue(s) to be addressed by the research
2. Summary of the current knowledge relevant to the proposed project
3. Objectives of the research
4. The design and methodology of the proposed study
5. A plan for engagement of stakeholders and dissemination of results
6. A timeline or list of the milestones for the project

Section H – Curriculum Vitae

A current curriculum vitae should be appended in electronic format for all Principal Applicants and Co-Applicants. This may use the Canadian Common CV or an alternative format that includes the following information:

- Academic background (degrees, institutions and years)
- Employment (current and past)
- Publications, papers and presentations
- Research Funding over the past five years and currently pending
- Awards and Distinctions



Section I – Letter(s) of Authorization

Applications **must** include a completed Authorization Form for each Principal and Co-Applicant. The form has three options, but only one needs to be completed for each applicant:

- Academic Researchers are to complete Section A.
- Health system employees (such as those working at Regional Health Authorities) are to complete Section B, unless they are also students.
- Graduate Students, and employees of health system organizations and other non-profit organizations who are enrolled as students and intend to do the proposed project as part of their degree program must complete Section C.

These letters should be printed out, signed and then scanned and attached to the electronic application

Section J – Letter(s) of Support

You **may** submit letters from third parties who wish to express their support of the proposed project. These third parties may be:

- Organizations, programs and services critical to the success of the proposed research
- Other organizations, programs and services, including regional health authorities, community organizations or professional associations.

Letters of support are **optional**.

Section K – Official Transcripts

For applicants who are graduate students, one copy of official academic transcripts is required from each post-secondary institution attended. These transcripts must be sent directly to NLCAHR by the issuing institution and must arrive by the deadline for submission of the application.



Section L – Budget

Please Indicate the specific purposes for which the funds are to be used (e.g. payment of personnel, purchases of equipment, honorarium, etc.)

| Category | Amount (\$) |
|-------------------------------------|-------------|
| Personnel (salaries & 15% benefits) | |
| Professional/Technical Services | |
| <u>Equipment and Supplies</u> | |
| • Computer Equipment | |
| • Other Non-Disposable Equipment | |
| • Supplies | |
| <u>Travel and Communications</u> | |
| • Field Research | |
| • Dissemination | |
| Total Funds Requested | |



Section L – Budget (continued)

Responsible Institution

Please indicate below which institution will receive and administer the funding.

Equipment

If you have included a request for funding for equipment, please explain why it is required and which institution will have title to it.



Section M – Ethics

Applicants must adhere to the ethical guidelines of the Tri Council Policy statement “Ethical Conduct for Research Involving Humans” and of the “Human Research Ethics Authority” Act as administered by the Health Research Ethics Board (HREB.)

All projects which have been accepted as being relevant and fulfilling of all other criteria as outlined in the research call will require ethical approval or evidence of submission to the HREB or other comparable committees such as the Interdisciplinary Committee on Ethics in Human Research (ICEHR) that have been approved by the HREB.

Check one of the following:

- The proposed research has been reviewed and approved by the appropriate Ethics Review Board, and a copy of the ethics certificate is appended or attached
 - The proposed research has been submitted for review to the appropriate Ethics Review Board
 - The proposed research will be submitted for review to the appropriate Ethics Review Board
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Section N – Use and Disclosure

All information requested by the Newfoundland and Labrador Centre for Applied Health Research will be used solely for the administration and management of the awards program and is collected under the general authority of the Memorial University Act (RSNL 1990 Chapter M-7). Questions about this collection and use of personal information may be directed to NLCAHR at (709) 777-6993.

By submitting this application to NLCAHR you are certifying that all of the statements contained in it and in all its attachments are accurate to the best of your knowledge.