

**PO Box 56045, Airways RPO
CALGARY, AB T2E 7C0**

GRANT APPLICATION

CANADIAN INTENSIVE CARE FOUNDATION

1. Name of Principal Investigator:
(Last name, first name, initial)

Mailing Address:

Institution:

**Position / Appointment / Department / or Job
Description:**

Telephone:

Fax:

E-Mail:

Co-investigators: (Name in full)

2. Short Title of the Proposed Research

3. Name and address of institution where the research will be carried out: Same as above Yes or

4. Give five key words which identify the project:

NAME:

5. Summary of the proposal on this page.

NAME:

6. Lay Summary of the research proposal. Please use non-scientific, everyday language.

7. Please provide a clear and concise description as to how the proposed research is relevant to the Mission Statement

NAME:

8. Detailed Proposal
(Add no more than 7 additional pages with one inch margins around page)

NAME:

9. Ethical and Safety Considerations:

1) Animal Research

Enclose a statement signed by the applicant and the department head that research protocol and the care of the animals conforms to the Guiding Principles for Animal Experimentation as enunciated by the Canadian Council on Animal Care.

Form included

Form to be sent

Not applicable

2) Human Research

Enclose a statement signed by the applicant and the department head that the proposed research will be reviewed in a manner which conforms with the guidelines as outlined in the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, and that the proposed research will not be undertaken until it has been accepted as ethical by such a review.

Form included

Form to be sent

Not applicable

3) Biological and Chemical Hazards

Enclose a statement signed by the applicant and the department head that the proposed research will be reviewed in a manner which conforms with the guidelines as outlined in the Health Canada "Laboratory Biosafety Guidelines" and that the proposed research will not be undertaken until it has been accepted as meeting the requirements regarding biological and chemical hazards by such a review.

Form included

Form to be sent

Not applicable

Signatures below indicate that the applicant and the institution agree to abide by the above statements and the regulations governing the award. By signing below, the applicant accepts responsibility for all material presented in this applicant and acknowledges having read the Foundations' policies regarding research misconduct.

Applicant's Name

Applicant's Signature

Date

Department Head's Name

Department Head's Signature

Date

Institution Name

10. a) Name, title and institution of administrative officer who will administer funds on behalf of the Foundation:

b) Is there a possibility that any part of the work may be patentable in the future?

Yes

No

	NAME:
11. Summary of Funds Requested:	Amount Requested:
a) Salaries	
b) Equipment	
c) Experimental Animals	
d) Materials and Supplies	
e) Other (specify)	
f) Travel	
TOTAL REQUESTED:	