

The Chaim Roifman Scholar Award

Supported by Grifols Canada Ltd

APPLICATION #:		DATE:	
PRINCIPAL INVESTIGATOR INFORMATION			
Last Name:	First:	M.I.:	Degree:
Institution:	Department:		
Street Address:		Floor/Room:	
City:	Prov:	Postal Code:	
Phone:	Fax:		
E-mail Address:			
Is your research conducted in Canada? YES <input type="checkbox"/> NO <input type="checkbox"/>		Are there other investigators/collaborators? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please provide their information below. If no, please proceed to page 2.			

SUB INVESTIGATOR INFORMATION			
Last Name:	First:	M.I.:	Degree:
Is address same as above: YES <input type="checkbox"/> NO <input type="checkbox"/>	If No, please provide details below.		
Institution:	Department:		
Street Address:		Floor/Room:	
City:	Prov:	Postal Code:	
Phone:	Fax:		
E-mail Address:			

COLLABORATORS INFORMATION			
Last Name:	First:	M.I.:	Degree:
Institution:	Department:		
Street Address:		Floor/Room:	
City:	Prov:	Postal Code:	
Phone:	Fax:		
E-mail Address:			

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DESCRIPTION OF RESEARCH

Title of grant:

Title of project:

Applying to Grant:

- ☐ Senior Scientist (Grant from \$15,000-30,000, single site in Immunology)
- ☐ Canadian Collaborations (Grant of \$30,000-60,000, multiple sites in Immunology)
- ☐ International Collaborations (Grants from \$30,000-60,000, given between Canadian site and International site in Immunology)

LAY SUMMARY

Please provide a brief (300 words maximum) description of your research project. Please include your scientific approach, highlighting the expected significance of the research in lay terms.

RESEARCH SITE

Where will the proposed research be conducted?

Start Date:

End Date:

COMMITMENT TO PROJECT

Please indicate the number of hours per month to be spent on this project:

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RESEARCH DETAILS

For this project, have you applied for research ethics approval for:

Animal experimentation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Protocol #:				
Human experimentation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Protocol #:				
Does this project involve the use of any of the following agents? If yes, please indicate the required containment level.							
Pathogenic Agents?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>	Level 3 <input type="checkbox"/>	Level 4 <input type="checkbox"/>	None <input type="checkbox"/>
Recombinant genetics?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>	Level 3 <input type="checkbox"/>	Level 4 <input type="checkbox"/>	None <input type="checkbox"/>
Radioisotopes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>	Level 3 <input type="checkbox"/>	Level 4 <input type="checkbox"/>	None <input type="checkbox"/>

BUDGET

Amount requested per year in Canadian dollars:		\$	
Do other funds exist for this project?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		If Yes, please complete the following:	
Agency:		Amount per year:	
Agency:		Amount per year:	

DISTRIBUTION OF FUNDS

Please provide the following financial details for your institution:

Financial Officer Name:			
Are Funds being split?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, please provide split ratio in the following boxes:
What is the split ratio? (out of 100 percent)	Principal Investigator percentage of funds:		Contributor percentage of funds:
Institution:			
Department:			
Street Address:			Floor/Room:
City:	Prov:	Postal Code:	
Phone:	Fax:	E-mail:	

COLLABORATOR DISTRIBUTION OF FUNDS

Please provide the following financial details for your contributor:

Financial Officer Name:	
Institution:	
Department:	

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Street Address:		Floor/Room:	
City:	Prov:	Postal Code:	
Phone:	Fax:	E-mail:	

MANDATORY ATTACHMENTS:

1. Proposal	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Three pages, single spaced, 12 point with 1 inch margins all around for the written proposal. One additional page for figures is acceptable along with another page for references. Proposal must include the following headings: Background, Objectives and Research plan. Proposals should be written addressing 1 year of funding.
2. Detailed Budget	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<ul style="list-style-type: none"> Indicate the financial requirements for one – two years in Canadian dollars. All items must be justified. We will not cover equipment acquisition, travel, principal investigator's salary or overhead.
3. CV	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<p>CIHR CV module (pages 1-12 including CIHR attachments) is requested for the Primary Investigator only. CV must include:</p> <ul style="list-style-type: none"> Address and current position of the PI, indicating start date in that position Publication record of the PI for the last 5 years List of all grants currently held and applied for, including the source of funding, time period of funding, grant title and the amount of funding A statement of the relationship of this application to these other grants

DISCLAIMER AND SIGNATURE

I certify that the enclosed application for research funding from Immunodeficiency Canada represents a study of which I am the Principal Investigator and that I am responsible for the development of the proposal. If funded I will act as the Principal Investigator and will assume responsibility for the implementation and performance of the proposed study.

All information I have presented is true and this project is not funded by any other organization. If this application leads to funding, I understand that false or misleading information in my application may result in loss of funding.

I am aware that if I receive funding, I am responsible to acknowledge this support by using the full name of the award in any publication or presentation made during or resulting from the tenure of the award. Immunodeficiency Canada shall similarly be informed of any submission of papers for publication which result from the term of this award.

I understand that as the recipient of this grant I am required to present my research at an Immunodeficiency Canada sponsored event.

I agree to all of the above terms by signing this application.

Note: Digital signatures are accepted for emailed applications, given that they are sent from the applicants personal email address and the email is also digitally signed.

Signature

Printed Name

Date

CONTRIBUTOR SIGNATURE

Signature

Printed Name

Date

Please submit all completed packages via email at research@immunodeficiency.ca