



# 2022 Brain Tumour Research Grant Application

braintumour  
foundation  
OF CANADA

## Section 1: Principal Investigator Information

### 1. Principal Investigator:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Designations: \_\_\_\_\_

### 2. Present Position:

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### 3. Institution(s) where research will be conducted (complete only if different from above):

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### 4. Outline your role as applicant for this project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 5. Please attach a mini Curriculum Vitae for the principal applicant for the last five (5) years only. Maximum – two (2) pages.

## Section 2: Project Information

6. Title of Proposed Research: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6a: Please indicate the type of research you will be conducting. Please refer to page 1 of the "2021 Outline & Guidelines" for definitions.

- Basic Research
- Clinical Research
- Translational Research

6b: Please mark with a check beside all topic areas that relate to your proposed research. *This information is used to help us facilitate the review process.*

- |  |   |
|--|---|
| <input type="checkbox"/> Angiogenesis                              | <input type="checkbox"/> Gene Expression/Transcription        |
| <input type="checkbox"/> Apoptosis/Cell Death                      | <input type="checkbox"/> Gene Therapy & Viral-Based Therapies |
| <input type="checkbox"/> Cell Cycle                                | <input type="checkbox"/> Genetics                             |
| <input type="checkbox"/> Cell Signaling                            | <input type="checkbox"/> Imaging                              |
| <input type="checkbox"/> Cellular Differentiation & Transformation | <input type="checkbox"/> Immunology/Immunotherapy             |
| <input type="checkbox"/> Chemotherapy & Experimental Therapeutics  | <input type="checkbox"/> Invasion/Motility                    |
| <input type="checkbox"/> DNA Damage Repair                         | <input type="checkbox"/> Proteomics                           |
| <input type="checkbox"/> Drug Delivery                             | <input type="checkbox"/> Radiation Therapy                    |
| <input type="checkbox"/> Epigenetics                               | <input type="checkbox"/> Stem Cells                           |
|  | <input type="checkbox"/> Other _____                          |

Use of Human Subjects:  Yes  No

Use of Research Animals:  Yes  No

If yes anywhere above, please specify: \_\_\_\_\_

**Please note:** Where research involving human and/or animal subjects is indicated, applications will be reviewed as to the scientific validity of the project. Confirmation of approval of ethics, would be required if successful, within 3 months of receiving notification of receiving award. If you have already please attach (proof of submission for approval, or the actual approval) with your application.

7. In the space provided below, please provide a lay summary of your project that can be used for publications of Brain Tumour Foundation of Canada. Please describe the implications of this research project for brain tumour patients. Maximum – 200 words.

8. Please provide an outline of the research, not more than three (3) attached pages using **TIMES ROMAN 12 POINT FONT**. The outline will be rated on the following six points:

- a. Purpose of the research
- b. Background information
- c. Formulation of the objective of hypothesis
- d. Research design
- e. Expectations
- f. Possible pitfalls
- g. References if appropriate (2 page max)

**IMPORTANT:** As much as possible, the outline of the research should be written in lay terms. The members of the Research Committee of Brain Tumour Foundation of Canada, who will be reviewing the grant applications, are from many different backgrounds: medicine, industry, business, philanthropy, psychology etc. If you feel it is necessary to use complex terminology, please ensure terms are explained. The Research Committee may also seek the help of outside reviewers.

### Section 3: Budget Breakdown

9. Budget Total Requested: \$\_\_\_\_\_

10. Other funds applied for:\_\_\_\_\_

11. Other funds received:\_\_\_\_\_

Provide a general description of the budget needs of this project:

Provide a detailed description of the budget needs of this project in the table below: Only direct costs associated to research are accepted. **No overhead costs will be accepted.**

| Item | Details | Amount Required |
|------|---------|-----------------|
|      |         |                 |

**All funds are paid to the order of the institution and mailed to the institution's business/finance office directly. In the event that you are awarded funds for your project, the following information is needed to help us process the award in a timely manner.**

**Name of contact at the Institution's Business/Finance or Accounting Office:**

Contact's Title:

Contact's mailing address:

Contact's Phone Number & Email address:

Also, please provide the contact information for **media inquiries** for your institution:

Please share with our review committee any collaboration that will occur within this project:

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Please share with our committee how equity, diversity and inclusion will be included within this project:

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## Section 4 – Signature and Submission Confirmation

All applications must include the following:

- Completed application form
- Mini Curriculum Vitae for the Applicant for the last five (5) years only. Maximum – two (2) pages
- Research Project Summary in Lay Terms
- Research Project Full Description
- Proof of submission to ethics board, or ethics approval, where applicable (must be provided with 60 days of receiving award, prior to fund dissemination)

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*Applications that are incomplete or do not conform to the guidelines will not be reviewed.  
This includes signature of applicant which affirms all statements made in the application are true.*

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Signature of Principal Applicant

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Date

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Name of Principal Applicant (print or type)

## DEADLINE FOR APPLICATIONS

Grant applications must be postmarked by **June 17, 2022**. The selection process and approval will take place shortly after and the results will be communicated to all applicants by **end of August, 2022**.

Please mail the **original copy** of the completed grant application and **5 copies**, and also **email your application as ONE PDF** directly to Susan Ruypers: [sruypers@braintumour.ca](mailto:sruypers@braintumour.ca)

Brain Tumour Foundation of Canada  
Attn: Research Committee  
205 Horton Street E., Suite 203  
London, ON N6B 1K7  
Re: 2022 Research Grant Application