



# 2023 Brain Tumour Research Feature Grant Application



## 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 "2023 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.

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

Use of Human Subjects:  Yes  No

Use of Research Animals:  Yes  No

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

*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.*

Please be brief and follow the instructions for the following sections.

7. In the space provided below, please provide a brief 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 on 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 try to explain the terms as much as possible. 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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## 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

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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 **April 14, 2023, 4:30pm ET**. The selection process and approval will take place shortly after and the results will be communicated to all applicants by **late July, 2023**.

Please mail the **original copy** of the completed grant application and **5 copies**, 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: 2023 Brain Tumour Research Feature Grant Application**