



2024 Brain Tumour Elevation Research 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. List all collaborators and their contribution in project: _____

6. 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

7. Title of Proposed Research: _____

6a: Please indicate the type of research you will be conducting. Please refer to page 1 of the “2024 Outline & Guidelines” for definitions.

- Basic Research
- Clinical Research
- Translational Research
- Population Study

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 60 days of receiving notification of receiving award. If you haven't 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.

8. 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.

9. 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 ensure terms are explained. The Research Committee may also seek the help of outside reviewers.

Section 3: Budget Breakdown

10. Budget Total Requested: \$_____

11. Other funds applied for related to this project and what those funds would be used for:

12. Other funds received related to this project and what they will be used for:

13. What are your plans for this project if funding is not obtained?

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

Provide a detailed description of the first year 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

Please provide details of anticipated impact and future potential of the project to advance in a meaningful way, if an additional \$50,000 is awarded in year two:

Provide a detailed description of the second year 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:

Section 4 – Signature and Submission Confirmation

All applications must include the following:

- Completed application form (submit as ONE PDF lastname_firstname_Grant_applied_year)
- 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 within 60 days of receiving award, prior to fund dissemination)

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.

Signature of Principal Applicant

Date

Name of Principal Applicant (print or type)

DEADLINE FOR APPLICATIONS

Grant applications must be postmarked by **April 19, 2024, 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, 2024**.

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

Brain Tumour Foundation of Canada

Attn: Research Committee

205 Horton Street E., Suite 203

London, ON N6B 1K7

Re: 2024 Brain Tumour Elevation Research Grant Application