*\* Complete the following application and submit as a single word document or pdf via email to* *Alexandra.Kylindris@lhsc.on.ca****Due date February 21, 2023.***

*\*\*Note: The lead applicant must be the primary investigator conducting the proposed project and:*

*1) Have a current primary appointment in the Department of CNS. Special circumstances where the clinician is appointment in another department but taking CNS call will be considered (for example neuro-oncologists).*

*2) Have current rank of Assistant Professor.*

*3) Be within 5-years of their initial appointment date.*

*4) Not have previously been successful as a lead applicant for a CNS internal grant award.*

**Section 1: Applicant Information**

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| **Principal Applicant** |
| **Name:** |  |
| **Email:** |  | **Extension:** |  |
| **Date of first appointment as Assistant Professor in the Dept. of CNS** |  |

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| **Collaborators (if applicable)** |
| **Name** | **Role in Project**  | **Affiliation** (Institution/Faculty/Department) |
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| **Title of Project:** |
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**Section 2: Application – Project Details**

*Prepare and attach the following as a single document. Please keep the following in mind:*

* *White space and paragraph breaks enhance readability.*
* *Reviewers have diverse expertise in neuroscience and you should take this into account by providing necessary background and limiting the excessive use of field-specific jargon and acronyms.*

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| 1. **Summary of Research Project** (Max 1 page)
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| *Please attach a document that describes, in general terms, the conceptual research program. Be certain to:** Discuss the originality/novelty of the research program. If a similar study has been published by another group, explain how this proposal is significantly different or provide justification for the importance of replicating these findings.
* Format of the 1-page summary is open, but should address the background, hypothesis, specific objectives, methods, and expected outcomes.
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| 1. **Detailed Project Plan** (Max 2 pages; references and figures not included in limit)
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| *Please provide details on how the above gap in knowledge will be addressed and objectives be achieved.** Hypothesis and Objective(s)
* Methods/Project Plan (experimental design, include sample size and power calculations)
* Data Analysis Plan
* Limitations (possible pitfalls and alternative approaches)
* Expected Results and Significance
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| 1. **Next Steps** (Max ½ page)
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| *Please address the steps that will follow if the objectives are successfully reached (e.g., applications to funding agencies, next logical research steps)* |

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| 1. **Resubmission / Response to Reviewers** (Max. 2 pages)
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| *Has this project been previously submitted for funding:* ***YES* [ ]  or NO [ ] .***If Yes, please provided details including date, title, amount, funding agency, and outcome. For unsuccessful applications, please attach the reviewer comments, and response to these comments.* |

**Section 3: Budget (max $25,000)**

Please complete the following table with the breakdown of the proposed funds usage. The expenditure type categories may include small equipment, materials, core facility costs, research assistant and trainee salaries & benefits, travel for conference presentations, publication fees and other expenses. If budget is used to hire research staff, remember to include benefits and severance (~35% of hourly salary rate for LHSC). Budget cannot be used for physician salary support.

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| **Budget Summary Table** |
| Expenditure Type | Additional Details | Amount |
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| **Total Amount Requested:** |  | $0.00 |

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| **Budget Justification** *(in addition to rationale for budget requested, if funds or resources beyond the $25K are needed to conduct the project, to demonstrate feasibility indicate how these items will be funded/obtained).* |
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| **Declaration of Currently Held Funding (if applicable)** |
| *Please disclose any currently held research funding, highlighting areas of potential or perceived overlap with this proposal.* |
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**Section 4: CV and Conflict of Interest Declaration**

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| **Curriculum Vitae** |
| Attach a signed Biosketch for **each applicant or co-applicant** included in the proposal in the NIH format ([https://www.ncbi.nlm.nih.gov/sciencv/)](https://www.ncbi.nlm.nih.gov/sciencv/). Please ensure that all current funding with values are provided. |

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| **Declaration of Conflicts of Interest** *(if applicable)* |
| *Please disclose any perceived or potential conflicts of interest that may rise related to the research project or during the review process* |
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**Section 5: Signature**

The signature provided below indicates knowledge of and adherence to the terms of reference and guidelines as posted for the Department of CNS Internal Grant Program.

**Lead Applicant’s Signature Date**

**Division Chief Signature Date**

**Department Chair Signature Date**