

MMSF

**Manitoba Medical Service
FOUNDATION**

Supported by Manitoba Blue Cross

PO Box 1046, Station Main
599 Empress Street
Winnipeg, Manitoba R3C 2X7
Telephone (204) 788-6801
Website: www.mmsf.ca
Email: info@mmsf.ca

MANITOBA MEDICAL SERVICE FOUNDATION RESEARCH OPERATING GRANT APPLICATION

INSTRUCTIONS TO APPLICANTS

1. Applicants should read the accompanying guidelines, criteria and instructions carefully before completing this application form.
2. Application submission should be ONE COMPLETE PDF DOCUMENT ONLY which includes all sections of the application.
3. Letters of support are required from each Mentor(s), Collaborator(s) and any partnering agencies with the submission of the application.
4. Applications will not exceed 40 pages of text that is single spaced and on 8 ½" x 11" letter size paper. Sample Surveys / Questionnaires can be provided up to a maximum of 10 additional pages.
5. Twelve (12) point font is to be used.
6. All sections of the application form must be completed. If a section does not apply, state "Not Applicable" in the specific section.
7. Do not submit a curriculum vitae of the applicant or collaborators.
8. **Applicants are to submit the complete application form with all signatures to info@mmsf.ca by 4:00 pm on June 1. If June 1 falls on a Saturday or Sunday, the deadline extends to 4:00 pm on the next business day. Applications will NOT be considered if they are not complete, or do not have appropriate signatures.**
9. All efforts should be made to obtain actual signatures, however, if it is not possible, electronic signatures will be accepted.
10. Ensure that you receive a confirmation email from the MMSF Administrative Assistant that your application has been received by the application deadline.
11. Misrepresentation of facts or academic dishonesty including, without limitations, plagiarism, will result in disqualification of the application and possible suspension of the applicant from future competitions, as determined by MMSF in its sole discretion. The applicant and, at the sole discretion of MMSF, any party connected with the application, including collaborators, Department Head, Dean of the Faculty and/or Director of the Nominating Institution, may be notified in the event of disqualification based on misrepresentation of facts or academic dishonesty. In such circumstance any documentation including the external peer review and grant application may be made available to any or all signatories on this application.

PART A – GENERAL INFORMATION**FOR MMSF USE ONLY:**

Application Number _____

| | | | |
|--|---|----------------------------------|--|
| Applicant Name: <small>Please include your preferred pronouns</small> | | | |
| Academic Position/Title: | | | |
| Department: | | | |
| Sponsoring Organization/Institution: | | | |
| Correspondence Address: <small>(include city and postal code)</small> | | | |
| Telephone: | | | |
| Email: | | | |
| Name(s) of Collaborators: | | | |
| Name of mentor(s): <small>Grant applications must be reviewed by a mentor(s) and a supporting letter from the mentor(s) included:</small> | | | |
| Project Title: <small>(Project title should be brief and in layman's terms)</small> | | | |
| Total Amount Requested: | \$ | | |
| Indicate if proposal involves: | <input type="checkbox"/> Human Subjects | <input type="checkbox"/> Animals | <input type="checkbox"/> Containment |
| Certificate of Approval attached? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> To Follow |
| Equity, Diversity, and Inclusion (EDI) - The MMSF values Equity, Diversity, and Inclusion, please specify if your application utilizes EDI | | | |
| Does your proposal address TCPS (Tri-Council Policy Statement) 2 – Chapter 9 Research involving the First Nations, Inuit and Métis peoples of Canada and Indigenous partnering community / organizational ethical guidelines? (https://ethics.gc.ca/eng/tcps2-eptc2_2022_introducing-presentation.html) | | <input type="checkbox"/> YES | <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| Is sex as a biological variable considered in the research design, methods, analysis and interpretation, and/or dissemination of findings? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| Is gender a socio-cultural factor taken into account in the research design, methods, analysis and interpretation, and/or dissemination of findings? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| The MMSF routinely looks for possible joint funding of grants with partnering agencies/organizations in the community. If the MMSF believes that your application would partner well with an external agency/organization, do you consent to the MMSF sharing your grant application for its consideration of matching funds in the event that you are a successful candidate? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| The undersigned hereby certify acceptance of the terms and conditions of the Manitoba Medical Service Foundation Operating Grant as outlined in the guidelines and application: | | | |
| | | | |
| Applicant Name | Signature | Date (DD-MM-YEAR) | |
| | | | |
| Name of Department Head | Signature | Date (DD-MM-YEAR) | |
| | | | |
| Name of Faculty Dean / Director of Nominating Institution | Signature | Date (DD-MM-YEAR) | |
| | | | |
| For University of Manitoba Only Name of Director, Research Services | Signature | Date (DD-MM-YEAR) | |

PART B – RESEARCH PROPOSAL

Part B can be created in Adobe PDF or Microsoft Word format. Ensure that the section titles are clearly outlined and included in your PDF or Word document.

| | |
|---|--|
| SECTION A – LIST OF ABBREVIATIONS | Create a two-column table listing all abbreviations used within the application. |
| SECTION B – KEY WORDS OR PHRASES | Key words or phrases primarily describe the content of your project. The list should be up to, but no more than six words, OR up to two, three-word phrases chosen from the title, objectives of the project and abstract. |
| SECTION C – STATEMENT OF PREVIOUS KNOWLEDGE | Statement of previous knowledge relative to this project. Include reference to essential publications. |
| SECTION D – EQUITY, DIVERSITY, AND INCLUSION | Provide a description of how you incorporate EDI where sex and gender are concerned. You cannot exceed 100 words. |
| SECTION E – DETAILED DESCRIPTION OF PROJECT | <ol style="list-style-type: none">1. Objectives of the project.2. An Abstract. The abstract should briefly summarize the problem, the hypothesis, research objectives, methodology and the anticipated results with potential health benefits. |
| SECTION F – LAY ABSTRACT | Provide a detailed description of the project understandable to a lay (non-medical) audience, briefly summarizing the intent, methods, significance, and relevance of the research in lay language. Be sure to indicate how your proposed research can improve personal health, the health of populations and/or the health delivery system. You cannot exceed 250 words. |
| SECTION G – KNOWLEDGE TRANSLATION | At the Canadian Institute of Health Research (CIHR), knowledge translation (KT) is defined as a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically - sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system. Use the above definition of KT from CIHR to provide information about your project. You cannot exceed 300 words. |
| SECTION H – DESIGN AND METHODS | Provide the design and methods to this project. |

PART C – FINANCIAL DATA

| | | |
|--|----|--------------|
| SECTION A – BUDGET SUMMARY Summarize your budget. All items must be detailed in Section C. Please ensure copies of quotes are provided for the equipment and other sections (these will not be considered part of your 40-page maximum). | | |
| BUDGET ITEM | | TOTAL |
| Personnel Salaries | | \$ |
| Research Assistance | \$ | |
| Technical Assistance | \$ | |
| Administrative/Professional | \$ | |
| Materials and Supplies | | \$ |
| Equipment | | \$ |
| Travel | | \$ |
| Other (please specify in Section C) | | \$ |
| TOTAL REQUESTED | | \$ |

| SECTION B – OTHER SOURCES OF FUNDING Starting with your most recent, list all other grant operating funds or programs from which you have requested or received, and the status of this support e.g., applied or held and how much will be specifically allotted to your research as a signing authority? If you do not have signing authority for funds, please enter \$0. | | | | | |
|---|---------------|----------------------------------|-------------------|------------------------------|-----------------------------|
| SOURCE | PROJECT TITLE | AMOUNT/YEAR FOR YOUR RESEARCH | DATE (DD-MM-YEAR) | | STATUS APPLIED OR HELD |
| | | | START | END | |
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| Have you received previous funding from the MMSF? | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, amount of funding received \$ | | Year granted: | | MMSF #: | |
| Project title: | | | | | |

SECTION C – DETAILED BUDGET DESCRIPTION

Provide as much detailed information on your budget as possible.

PERSONNEL

| NAME, POSITION AND DEGREE/QUALIFICATIONS | RATE/HOUR | HOURS/WEEK | # OF WEEKS | FRINGE BENEFITS | TOTAL |
|---|-----------|------------|------------|-----------------|-------|
| | | | | | |
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| TOTAL FOR PERSONNEL | | | | | \$ |

MATERIALS AND SUPPLIES

| DESCRIPTION | QUANTITY | UNIT COST | TOTAL |
|----------------------------------|----------|-----------|-------|
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| TOTAL FOR MATERIALS AND SUPPLIES | | | \$ |

EQUIPMENT

| DESCRIPTION | QUANTITY | UNIT COST | TOTAL |
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OTHER EXPENSES (describe in detail)

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TOTAL FOR OTHER EXPENSES \$**TOTAL FUNDS REQUESTED** \$**SECTION D – FINANCIAL/PROJECT ADMINISTRATION****FUND ADMINISTRATOR**

| | |
|--|----|
| Name: | |
| Title: | |
| Organization/Institution: | |
| Correspondence Address: | |
| Telephone: | |
| Email: | |
| Name and address of Institution(s) where project will be carried out: | |
| How much University Start-Up Funds have you received? | \$ |

PART D – EXTERNAL PEER REVIEWERS

Provide the names of four (4) external reviewers outside the Province of Manitoba who may be used for your application support. Suggest Canadian (must be outside the Province of Manitoba) and/or foreign reviewers that you feel have the expertise to review your application. MMSF reserves the right to make the final selection of external reviewers. Do not suggest reviewers in conflict of interest.

| | |
|---------------------------|--|
| External Review #1 Name: | |
| Position/Title: | |
| Department: | |
| Institution/Organization: | |
| Mailing Address: | |
| Telephone: | |
| Email: | |

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| External Review #2 Name: | |
| Position/Title: | |
| Department: | |
| Institution/Organization: | |
| Mailing Address: | |
| Telephone: | |
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| External Review #3 Name: | |
| Position/Title: | |
| Department: | |
| Institution/Organization: | |
| Mailing Address: | |
| Telephone: | |
| Email: | |

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| External Review #4 Name: | |
| Position/Title: | |
| Department: | |
| Institution/Organization: | |
| Mailing Address: | |
| Telephone: | |
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| Provide the names of individuals that you feel cannot provide an objective review of your application. Include your reason/explanation for the exclusion. |
| |

PART E – APPLICANT AND COLLABORATOR(S) QUALIFICATIONS AND EXPERIENCE

A letter of support from each collaborator must be included in this application. The letter must include a statement that the noted person has agreed to be named as a collaborator on the project. DO NOT submit your curriculum vitae. Curriculum vitae will NOT be circulated to members of the review panel or external reviewers.

| | | | |
|---|---------------------------|--------------------|----------------------|
| Principal Investigator Name: | | | |
| Mailing Address: | | | |
| What percentage of your overall professional time will be allocated to this project? | | | |
| | | | |
| Briefly describe your role during the term of the research project (maximum 100 words) | | | |
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| EDUCATION OBTAINED (including degrees) | | | |
| DATE (YEAR TO YEAR) | EDUCATION / DEGREE | INSTITUTION | |
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| RESEARCH EXPERIENCE | | | |
| DATE (MM/YEAR TO MM/YEAR) | DEPARTMENT | INSTITUTION | POSITION HELD |
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| APPOINTMENTS HELD | | | |
| DATE (MM/YEAR TO MM/YEAR) | DEPARTMENT | INSTITUTION | POSITION HELD |
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| TOTAL NUMBER OF PUBLICATIONS DURING LAST FIVE (5) YEARS (include a list indicating author, title and references) | | | |
| (Please submit a separate page if space provided is not sufficient) | | | |
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|-----------------------|--|
| Collaborator #1 Name: | |
| Mailing Address: | |

What percentage of your overall professional time will be allocated to this project?

Briefly describe your role during the term of the research project (maximum 100 words)

EDUCATION OBTAINED (including degrees)

| DATE (YEAR TO YEAR) | EDUCATION / DEGREE | INSTITUTION |
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RESEARCH EXPERIENCE

| DATE (MM/YEAR TO MM/YEAR) | DEPARTMENT | INSTITUTION | POSITION HELD |
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APPOINTMENTS HELD

| DATE (MM/YEAR TO MM/YEAR) | DEPARTMENT | INSTITUTION | POSITION HELD |
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TOTAL NUMBER OF PUBLICATIONS DURING LAST FIVE (5) YEARS (include a list indicating author, title and references)

(Please submit a separate page if space provided is not sufficient)

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| Collaborator #2 Name: | |
| Mailing Address: | |

What percentage of your overall professional time will be allocated to this project?

Briefly describe your role during the term of the research project (maximum 100 words)

EDUCATION OBTAINED (including degrees)

| DATE (YEAR TO YEAR) | EDUCATION / DEGREE | INSTITUTION |
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RESEARCH EXPERIENCE

| DATE (MM/YEAR TO MM/YEAR) | DEPARTMENT | INSTITUTION | POSITION HELD |
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APPOINTMENTS HELD

| DATE (MM/YEAR TO MM/YEAR) | DEPARTMENT | INSTITUTION | POSITION HELD |
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TOTAL NUMBER OF PUBLICATIONS DURING LAST FIVE (5) YEARS (include a list indicating author, title and references)

(Please submit a separate page if space provided is not sufficient)

Applicant Check List

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | I am a: |
| | Early Career Researcher (within 5 years of the date of the first independent research-related appointment) |
| | Established Researcher |
| | Experienced Researcher |
| | Resident / Clinical Fellow |
| | Independent Researcher |
| | |
| | I hold an academic appointment |
| | |
| | I am a Manitoba-based researcher |
| | |
| | My research is in the health field |
| | |
| | I have included quotes for equipment or "other" section for Part C – Financial Data |
| | |
| | My request is \$45,000 or less |
| | |
| | I had a mentor review my grant application and listed their name(s) |
| | |
| | I have included all letters of support from my mentor(s), collaborator(s) and any partnering agencies |
| | |
| | I have listed my fund administrator |
| | |
| | The department head and dean have signed my application |

The check list is for the applicant's use and is not considered part of the 40-page application allotment.