

**DEPARTMENT OF MEDICINE RESEARCH AWARDS PROGRAM  
APPLICATION FORM**

The process that has been followed by the Departmental Research Committee for reviewing grant applications is similar to that followed by the CIHR and other national agencies, and is as follows:

- The individual applications are reviewed by all members of the Committee prior to the meeting. At the meeting, a "cut-off" for funding is agreed upon by the Committee prior to reviewing individual applications, based on the scientific rating (1 low, 5 high). Two members of the Committee are selected that have the most expertise in the general area of each grant application, and each present a detailed report of the grant to the Committee as a whole. A scientific rating range must be agreed upon by these two members. Each member of the Committee then votes secretly on the rating, within the recommended range, and the scientific merit ratings are averaged. The budget is considered independently of the scientific rating.

**1. Application Category (✓ one):**

	To support young investigators early in their careers (i.e. first 1-5 years) to be competitive for external funding.
	To support Department of Medicine members who wish to develop a collaborative, peer-reviewed program with one or more established investigators, i.e. established track record of publications and peer-reviewed funding in any department.
	To support investigators who are not currently externally funded and wish to develop an independent research program.
	To provide faculty small awards (maximum \$5,000) to support studies which are not anticipated to lead to ongoing peer-reviewed programs.

**2. Personal Information:**

Name:		Division:	
Date of Appointment @ Queen's:			
Telephone:	Fax:	E-mail:	

**3. Research Project Information:**

Proposed Starting Date:		
Termination Date:		
Title of Proposal/project or type of equipment required:		
Have you applied for other support for this project?	Yes:	No:
If yes, specify agency and date of application:		
If you have NOT applied for other support, please indicate the reason:		
If application is for equipment, identify amount requested:		
If application is for maintenance, identify amount requested:		

**Submit the original plus 9 copies of the complete application package to Room 3033, Etherington Hall.**

**Applicant's Name:** \_\_\_\_\_

**4. Internal or Suggested Referees**

Referee #1 – Name:	Referee #2 - Name:
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**5. Signatures**

Applicant:	Division Chair:
Date:	Date:

Applicant's Name: \_\_\_\_\_

### SUMMARY OF RESEARCH PROJECT

Summary of Research Project (maximum 5 pages)<sup>1</sup>:

1. Describe:
  - a) Your current status, detailing research, teaching and service activities;
  - b) Summarize or list research grants received or applied for;
  - c) The objective(s), hypothesis, approach and plan for the research.
    - One or two pages of preliminary data may be appended (i.e. no other appendices permitted).
2. Attach a current copy of your *curriculum vitae*.

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Summaries exceeding **5** pages will **not** be accepted. Font must be **no smaller** than 12 pt.

**Applicant's Name:** \_\_\_\_\_

**FINANCIAL ASSISTANCE FOR EQUIPMENT PURCHASE**

- Itemize the equipment requested (quotations should be appended) and provide justification for need.
- Each budget item must include the applicable provincial and federal taxes. Federal taxes should be calculated using the after-rebate for universities of 2.3%.
- If a maintenance contract is required, please provide rationale and quotation.

**TOTAL REQUESTED: \$** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**ETHICS REVIEW**

I have read and understand that funding for this proposal is contingent upon successful review by the Ethics Review Board, and copies of this proposal have been forwarded for consideration.

Date:	Signature:
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**Applicant's Name:** \_\_\_\_\_

**SUMMARY**

- Please include a one-page lay summary of the project for InforMed and departmental publication purposes.