



MANITOBA HEALTH RESEARCH COUNCIL

P216-770 Bannatyne Avenue
Winnipeg, Manitoba R3E 0W3
Phone: 204-775-1096 Fax: 204-786-5401
E-mail info@mhrc.mb.ca

ESTABLISHMENT GRANT APPLICATION **APPLICATION DEADLINE: March 2, 2009**

General Information

Before completing this form read the **MHRC Awards Guide 2009** available from our office or Web site. The guide outlines the eligibility, requirements and defines the purpose of the Establishment Grant.

The requirements and conditions for research funding are spelled out in the Awards Guide. Applicants and sponsoring institutions are expected to be aware of these requirements and conditions and abide by them. Please contact our office to clarify any unclear directive.

Completing and Submitting the Application Form

- This application form is available in electronic PDF format on our Web site (www.mhrc.mb.ca) under Funding Opportunities. Paper copies of applications are available from the MHRC office.
- **NOTE: New for 2009 Establishment Grant applicants are required to submit an updated hardcopy of their Common CV (including appropriate number of copies) as part of their MHRC application.**
- Ensure all requisite signatures are provided and all sections of the application are complete. Omissions may result in reduced ratings.
- In completing this application use a size 12 font to provide readability for all reviewers.
- Submit the correct number of paper copies of the completed application for the committee you are applying to:
 - Basic/Medical category: 13 copies including the original.
 - Social/Population Health category: 11 copies including the original.
- Attach appendices to the original and 3 copies of the application (4 in total)
- Copies should be legible and stapled in the upper left hand corner.
- All required documentation must be attached to the application. We will not duplicate any material, excluding reference letters that are sent directly to the office, on behalf of the applicant.
- The deadline for
 - the application is 5:00 p.m. on March 2, 2009
 - reference letters is 5:00 p.m. on March 16, 2009

Contact Information

E-mail: info@mhrc.mb.ca
Internet: www.mhrc.mb.ca
Phone: 204-775-1096
Address: P216-770 Bannatyne Avenue
Winnipeg, Manitoba R3E 0W3

Establishment Grant Application Form Checklist

The checklist is intended to assure both the applicants and MHRC office that the enclosed application is complete. Complete the form by using a check mark to indicate the requirements have been met.

Attached /Done	N/A	REQUIREMENTS
		Correct # of copies of the application submitted Basic/Medical category: 13 copies including the original. Social/Population Health category: 11 copies including the original
		Correct # of copies of hardcopy Common CV submitted Basic/Medical category: 13 copies including the original. Social/Population Health category: 11 copies including the original
		Required Signatures (for items # 3 and this check list).
		Budget figures checked for accuracy and justification provided
		Scientific summary and budget pages for all funds received or applied for (with an indication of percentage overlap)
		Abstract of research project completed (suitable for lay audience)
		Summary of research included
		Description of research program does not exceed 5 page limit
		Sponsoring Department section completed
		Referees have been asked to submit reference letters
		This checklist has been attached to the original copy of this application.

APPLICANT'S NAME	SIGNATURE	DATE

**MANITOBA HEALTH RESEARCH COUNCIL
ESTABLISHMENT GRANT APPLICATION FORM**

Category: Check appropriate Box	BASIC/MEDICAL	
	SOCIAL/POPULATION HEALTH	

1. Applicant Information

Last Name:	First Name:	Title:
Department:		
Faculty:	University/Institution:	
Mailing Address: (street address, city, province and postal code if other than a departmental address)		
Phone:	Fax:	E-mail:
Position and date of first academic appointment at a Manitoba Institution (include Institution, Faculty Department if different from above):		

2. Proposed Project

Title of Research Proposal
Synopsis (50 words or less) of proposed research.

3. ACCEPTANCE of a grant or award indicates agreement by the applicant and the institution which employs him/her to the general conditions as outlined in the Awards Guide. The undersigned, guarantee that, where applicable, the guidelines of the Canadian Council on Animal Care with respect to related animal experimentation will be followed; the CIHR guidelines for handling recombinant DNA molecules and animal viruses and cells will be adhered to; they will comply with the Tri-Council policy statement on Integrity in Research and Scholarship; and, where human subjects are involved, the research will be conducted in accordance with the Tri-Council Policy Statement "Ethical Conduct of Research Involving Humans", August 1998 and the sponsoring institution's documents.

NAME	SIGNATURE	DATE(S)
Applicant:		
Dept. Head:		
Dean:		
President:		

Applicants Name

4. Administration of funds

Name of the Institution where the program will be carried out:
Administrator of Grant Funds. Please provide name and title.

5. Establishment Grant Budget (do not exceed maximum total)

Categories	Year 1(\$)	Year 2(\$)	Year 3(\$)	Total(\$)
1. Research Personnel Costs (salaries and benefits)				
2. Professional/Technical Services Contracts				
3. Materials and Supplies				
4. Equipment				
5. Research Field Travel				
6. Buy out of teaching time				
7. Other				
Totals (max. \$100,000 over 3 yrs)				

Provide details of the budget requested and a time-line for funding requirements. Clearly define the budget for each of three years totalling not more than \$100,000. Please explain how other establishment or like funds listed the following sections complement or duplicate the funds applied for in this application. Applicants are reminded that the aim of the Establishment Grant Program is to allow recently recruited faculty members to establish their research program over a three year period. It is important that the application clearly indicate how the funds will materially advance the applicant's research program. Please ensure that details are complete and full justification is given including the following:

- State for each personnel position: its role, the level or classification, hourly wage, work hours per week and number of weeks to be worked; use rates that are current and appropriate to the work proposed; please use the rates and policies of your home institution.
- Provide details of any contracts or arrangements for professional and technical services;
- Attach price estimates for all equipment valued at \$2,000 or more, quoted in Canadian dollars and include applicable taxes, shipping costs, and any other costs that are part of the purchase.

Append additional pages as necessary

Applicant Name

6. Research Operating Funds. Please provide copies of Scientific Summary and Budget pages for all funds received or applied for as an appendix to the original and three copies (4 in total). Please ensure that the appropriate granting agency is clearly identified on each of the pages. An application will normally be rejected if this information is found to be incomplete. Where overlap exists with the current application please indicate the percentage of overlap and provide a description of the overlap on a separate page.

7. Documentation

(a) Human Ethics Approval - All studies involving human subjects must be ethically acceptable to Council and to the sponsoring institution.

(b) Animal Care Approval - The handling of animals used in investigations supported by the Manitoba Health Research Council is to be in accord with the guidelines set out by the Canadian Council on Animal Care in its publication "Guide and the Care and Use of Experimental Animals" and other guidelines published or endorsed by the Canadian Council on Animal Care (available from the Canadian Council on Animal Care, 315-350 Albert Street, Ottawa K1R 1B1 or visit their website at www.ccac.ca).

Documents	Not needed	Received	Pending
a) Human Ethics Approval			
Comments:			
b) Animal Care Approval			
Comments:			

Applicant Name

8. Abstract (suitable for preparation of a press release)

Provide, in 200 words or less, a non-technical summary of your research, written in simple and clear language suitable for a lay audience. The summary should indicate how your research, ultimately can improve personal health, the health of populations and/or the health delivery system.

--

Applicant Name

9. Summary of the Research Program.

Briefly describe the research projects you have been involved in to date. Where the research was of a collaborative nature, clearly indicate your particular contribution to the project. Please do not append more than one additional page.

Applicant's Name:

Title of Research Proposal:

Applicant Name

10. Details of Research Program - *The focus is on the development of a program of research extending over a period of 3 years and beyond and generally involves more than one project.*

Briefly summarize:

- the primary aim of your research over the next 3 to 5 years,
- your current research program and the various projects of which it is comprised,
- other areas of research that you plan to pursue if different from or in addition to your current research program

and explain:

- why you believe the research is important
- how you plan to achieve your objectives
- what you need in order to successfully achieve these objectives, and
- how MHRC funding fits into your research objectives over the next 3 to 5 years.

Please do not append more than 5 additional pages.

--

Applicant Name

11. Sponsoring Department

This section is to be completed by the Department Head of the Sponsoring Department. Where the candidate is or will be a member of an institute or centre, it may be desirable to consult the Director before completing this section.

a) Department and Academic Rank

Indicate the Department(s) in which the candidate holds or will hold an appointment and give the academic rank. Briefly describe the Department's and Faculty's long term Interest in the candidate and indicate the source of salary funds for the next three years.

b) Research Facilities Provided

Describe briefly

- (a) the amount and location of laboratory space,
- (b) the special equipment, and
- (c) the shared facilities which will be provided or are available to the candidate

Applicant Name

(c) Research Interactions

Indicate the colleagues and research programs the candidate will be associated with.

(d) Other Responsibilities

Indicate the nature and extent of non-research activities in which the candidate will be required to engage. Successful applicants are expected to devote at least 75% of their time to research.

i. Teaching (including graduate student supervision):

ii. Administrative duties:

iii. Clinical work:

Applicant Name

12. Referees

Give the names, positions and affiliations of three referees whom you have asked to forward letters of recommendations directly to Council. One of these letters must be from the Head of the Department or the Director of the Institute in which the applicant proposes to carry out the research and at least one of the remaining letters must be from outside the Province.

**13. ACKNOWLEDGMENT OF RECEIPT OF 2009 ESTABLISHMENT GRANT APPLICATION:
(Include this page at the end of the original application only)**

Applicant's Name:
Title of Research Proposal:

ACKNOWLEDGMENT: Acknowledgment by MHRC of receipt of your application to be sent to:

--

(Give name and mailing address; departmental address preferred)