



MANITOBA HEALTH RESEARCH COUNCIL

P216-770 Bannatyne Avenue
Winnipeg, Manitoba R3E 0W3
Phone: 204-775-1096 Fax: 204-786-5401
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OPERATING GRANT APPLICATION **APPLICATION DEADLINE: March 3, 2008**

General Information

Before completing this form read the **MHRC Awards Guide 2008** available from our office or Web site. The guide outlines the eligibility, requirements and defines the purpose of the Operating 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.
- 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: 16 copies including the original.
 - Social/Population Health category: 14 copies including the original.
- Attach appendices to the original and 6 copies of the application (7 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 transcripts and 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 3, 2008

Contact Information

E-mail: info@mhrc.mb.ca
Internet: www.mhrc.mb.ca
Phone: 204-775-1096

Address:
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Winnipeg, Manitoba R3E 0W3

Operating 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: 16 copies including the original. Social/Population Health category: 14 copies including the original
		HRC-1 Completed and attached to the original copy.
		Required Signatures (for items # 3 and this check list).
		Section on People involved completed
		Budget figures checked for accuracy and justification provided
		Current and potential sources of funding listed
		Section on necessary documentation addressed
		Abstract of research project completed (suitable for lay audience)
		Summary of research proposal included
		Progress report included
		Description of research program does not exceed 10 page limit
		Section on Personal Data completed and includes a list of publications.
		This checklist has been attached to the original copy of this application.

APPLICANT'S NAME	SIGNATURE	DATE

MANITOBA HEALTH RESEARCH COUNCIL

Attach this **External Reviewers Form** to the Original copy only.

Name of Applicant:		
Committee preference: Check one	Basic/Clinical Health Sciences	
	Social/Population Health Sciences	

Referees: 1) Please suggest three suitable external referees. These referees should be knowledgeable in your field of research and be from out of Province. Please do not choose current/former collaborators, former supervisors, students or postdoctoral fellows.

2) Referees other than those suggested by you may be used. If there are individuals to whom you do not wish your application to be sent please provide their names in a covering letter.

PROVIDE COMPLETE NAME & MAILING ADDRESS: 1)	Area of Expertise:
	Telephone:
	Fax:
	E-mail address:

PROVIDE COMPLETE NAME & MAILING ADDRESS: 2)	Area of Expertise:
	Telephone:
	Fax:
	E-mail address:

PROVIDE COMPLETE NAME & MAILING ADDRESS: 3)	Area of Expertise:
	Telephone:
	Fax:
	E-mail address:

**MANITOBA HEALTH RESEARCH COUNCIL
OPERATING 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:		

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Applicant Name

4. People involved

Only investigators who hold an academic appointment at the Assistant Professor (or equivalent) rank for a period of not more than five years are eligible to apply for an operating grant. This rule also applies to co-applicants.

Co-Applicant(s) Give the name(s), Department(s) and Institution(s) of individuals who are co-applicants of this application.

Collaborator(s) List individuals and their Department and Institution who will serve as consultants collaborators on some aspects of the proposed study. It is advisable to append letters from major collaborators and/or consultants who are not co-applicants to substantiate their willingness to participate in the project.

Name of the Institution where the project will be carried out:

Administrator of Grant Funds. Please provide name and title.

5. Operating Grant Budget

- a) If concurrently applying for funding for the project from another granting agency the applicant must provide details of the budget.
- b) Stipends may be paid to trainees (postdoctoral fellows and graduate students) from operating grants; these stipends shall be up to a maximum of \$35,750 and \$16,850 respectively.

A. PERSONNEL	#	% TIME	YEAR 1	YEAR 2
Technicians				
Trainees: Graduate Studentships				
Postdoctoral Fellows				
Other Personnel				
Fringe Benefits & Payroll Tax				
B. EQUIPMENT				
C. SUPPLIES and SERVICES				
D. TRAVEL				
TOTAL				

Applicant Name

Details of the budget requested above. Please ensure that details are complete and full justification is given. Clearly define the budgets for each year of funding requested (maximum 2 years). Please do not append any further pages.

Applicant Name

6. Research Operating Funds. Please declare all funding received or applied for. Indicate all funds you (a) presently hold, or (b) have requested or are intending to request for the support of your proposed research program. Show all sources: granting agencies, university funds, private foundations, etc. In cases of grants shared with other investigators, indicate the total sum, and, if possible, the portion available for your use in the project. Where overlap exists with the current application please indicate the percentage of overlap and provide a description of the overlap on a separate page.

Provide copies of Scientific Summary and Budget pages for all funds received or applied for as an appendix to the original and six copies (7 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.

(a) Funds received or to be received.

AGENCY	AMOUNT (P.A.)	PERIOD OF SUPPORT (mm/yyyy-mm/yyyy)	% OF TIME	% OF OVERLAP

(b) Funds applied for or about to be applied for

AGENCY	AMOUNT (P.A.)	PERIOD OF SUPPORT (mm/yyyy-mm/yyyy)	% OF TIME	% OF OVERLAP

Applicant Name

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:			

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.

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Applicant Name

9. Summary of the Research Proposal.

A summary of the proposal including objective(s) of no more than 450 words should be typed on this page. Please do not append any pages.

Applicant's Name:

Title of Research:

Applicant Name

10. Progress Report (500 words or less)

If you have received operating funds from the Manitoba Health Research Council in the last four years you must submit a progress report on all Council funded projects regardless of whether you are applying for a renewal or for a new project. Please do not append any pages.

Applicant Name

11. Details of Research Proposal

Include a summary of current state of knowledge and rationale, objectives, experimental approaches, methodology and expected outcome(s) of current proposal.

Maximum of 10 pages; page limit does not include references, tables, charts and figures.

Applicant Name

12. Personal Data – Please do not substitute a Curriculum Vitae for completing this form.

(a) Education - Please list beginning with the most recent.

DEGREE	DISCIPLINE & SUPERVISOR (where applicable)	INSTITUTION	DATES mm/yyyy – mm/yyyy

(b) Research Experience and Employment History – List all experience to date beginning with the most recent and including current.

DATES mm/yyyy – mm/yyyy	POSITION (and Supervisor where applicable)	DEPARTMENT/ INSTITUTION

Applicant Name

(c) Honours and Awards

(d) Special circumstances affecting research productivity (optional)

You may to explain interruptions in your education and/or periods of decreased productivity in your research career (e.g. leaves, health, family circumstances, non-research positions, etc.)

Applicant Name

(e) Publications

Total Number (excluding abstracts)

List your contributions to the literature beginning with your most recent publications and separated in the following categories:

- refereed papers published or in press (append journal's acceptance letter);
- refereed papers submitted (append acknowledgement received from the journal);
- non-refereed papers published or in press;

Abstracts, if listed, should be clearly identified as such. Use the following format: "Smith JM, Booth Y and Johns LP. Observations on the economic benefit of a postgraduate education. Science 1993; 235:701-703". Please do not include papers in preparation in your list.

Append additional pages as necessary.

**ACKNOWLEDGMENT OF RECEIPT OF 2008 OPERATING GRANT APPLICATION:
(Include this page at the end of the original application only)**

Applicant's Name:
Title of Research:

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

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(Give name and mailing address; departmental address preferred)