



MANITOBA HEALTH RESEARCH COUNCIL

P216-770 Bannatyne Avenue
Winnipeg, Manitoba R3E 0W3
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OPERATING GRANT APPLICATION **APPLICATION DEADLINE: March 2, 2010**

General Information

Before completing this form read the **MHRC Awards Guide 2010** 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.
- **NOTE: Operating 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 a declined application.
- 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 2, 2010

Contact Information

E-mail: info@mhrc.mb.ca
Internet: www.mhrc.mb.ca
Phone: 204-775-1096
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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
		Correct # of copies of your Common CV submitted Basic/Medical category: 16 copies including the original. Social/Population Health category: 14 copies including the original
		Required Signatures (for items # 3 and this check list).
		Section on People involved completed
		Budget figures checked for accuracy and justification provided
		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
		This checklist has been attached to the original copy of this application.

APPLICANT'S NAME	SIGNATURE	DATE

**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 have held a faculty appointment for NOT LONGER THAN FIVE YEARS since receiving their initial appointment at the Assistant Professor (or equivalent) level at a Manitoba University at the time of application are eligible to apply. 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. 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:			

7. 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

8. 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

9. 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

10. 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.

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Applicant Name

**11. ACKNOWLEDGMENT OF RECEIPT OF 2010 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)