

ROSSY CANCER NETWORK RESEARCH GRANT APPLICATION FORM

A. Principal Investigator - Application Form

Last Name	First Name	
Preferred Salutation Dr. Prof. Ms	Position	
Mr.		
RCN Hospital/Institution	Phone Number	
Service - Unit - Division or Department		
Primary Contact Email		
Project Title (maximum 175 characters)		
Amount Requested (maximum \$100,000)		
I hereby confirm that I have read the Terms & Conditions in the Reference Document of the RCN Research Grant and agree to comply.		
Signature of the Principal Investigator	Date (DD/MM/YYYY)	









B. RCN Research Grant - Confirmation Letter

To be completed by the Principal Investigator's Chief of Department/Service/Unit

I have reviewed the research proposal entitled		
submitted by (insert names below)		
I support this application and acknowledge that the project fits with the growth plan, capacity, and feasibility of my Department/Unit/Service.		
Last Name	First Name	
Preferred Salutation Dr. Prof. Ms. Mr.	Position	
RCN Hospital/Institution	Date (DD/MM/YYYY)	
Service - Unit - Division or Department		
Contact Information		
Signature		









Required Documentation Checklist

Any application that does not comply with these instructions **will <u>not</u> be considered**. Applications must be submitted online at mcgill.ca/rcr-rcn/grants/cqi-research/submit

Please note: 1. Application Form, 2. Proposal and 3. Budget should be <u>saved as a single PDF</u> document labelled as follows: Last Name (of the Principal Investigator) CQI Proposal 2018. Font and Character Size: Arial, 11 point. Page Setup: Letter Standard, 8.5 x 11 inches, 1 inch margins, single-spaced text, principal investigator's last name in the right header, page number in the right footer.

1. APPLICATION FORM

Please use the attached form provided. Use Section B to confirm endorsement from your chief of Department/Service/Unit. Electronic signatures are accepted.

2. PROPOSAL

- <u>Length</u>: 6 pages maximum (excluding references, figures and tables)
- Sections to cover:
 - a. Background,
 - b. Hypothesis,
 - c. Objective(s),
 - d. Methods,
 - e. Relevance and future outlook,
 - f. Full project team (Please use a table to indicate the name, hospital affiliation, role and primary email for all Co-applicants and Collaborators),
 - g. Lay Terms Abstract: an overview of the proposed project in a <u>non-expert vocabulary</u> aimed at a general public audience (maximum 1500 characters),
 - h. RCN Perspective: a statement on how the proposed project contributes to the RCN mission. This section should also include details on the collaborating sites, the nature and terms of this collaboration (the contribution of each site to the execution of the proposal) and the training opportunities that will be provided (1 page maximum).

3. BUDGET PLAN

- Organized into categories of expenditures, with appropriate rationale and timeline of expenditures
- Length: 2 pages maximum
- At least 1 price quote is required for items ≥ \$5,000
- <u>Details of the Transfer of Funds</u>: the institution where the funds will be deposited and the name and contact information of the Financial Officer.
- Budget plans should not exceed \$100,000

Please note: 4. Appendix and 5. Supporting Documents should be <u>saved as a single PDF</u> document labelled as follows: Last Name (of the Principal Investigator) CQI Supporting Documents 2018.

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4. APPENDIX

- References: maximum 50
- Figures and/or Tables: maximum 3

Any other document in the appendix will be omitted by the reviewers.

5. SUPPORTING DOCUMENTS

- Curriculum vitae: maximum 7 pages, limit publications, abstracts and oral communications to the past 5 years (2014-2018) -- required for Principal Investigator and all Co-applicants.
- Letters of collaboration defining scientific contribution of each co-applicant and collaborator to the project (1 page maximum) -- required for each Co-applicant or Collaborator to the project.