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**Sunnybrook Foundation & Sunnybrook Research Institute**

**COVID-19 RESEARCH INITIATIVE**

**Application Form**

Application form and attachment to be submitted to **Kevin Hamilton** (kevin.hamilton@sri.utoronto.ca) by **Friday 15th May**.

Please refer to guidelines for details regarding completion of the form.

Questions can be addressed to Kevin Hamilton.

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| 1. General Information |

## Proposal Title

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## Expected Project Dates *Format (YYYY/MM/DD)*

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| --- | --- |
| **Start Date** | **End Date** |
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## If applicable, list other Collaborating Institution(s):

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## Funds Requested *Rounded to the dollar (maximum request of $100,000)*

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| **Request** | **Up to-Sep 2020** | **Oct-Dec 2020** | **Jan-Mar 2021** | **Mar 2021 - onward** | **TOTAL** |
|  $ |  |  |  |  |  |

## Contact Information

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| --- | --- | --- |
| **Principal Investigator** |  |  |
| Last Name | First Name | Title |
|  |  |  |
|  |  |  |
| SHSC Program | SHSC Department *(if applicable)* | E-mail Address |
|  |  |  |
|  |  |  |
| Project Lead Institution (if not Sunnybrook\*) |
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| **Co-Principal Investigator** | *If applicable /**\*If Sunnybrook is not the Lead Institution, indicate Sunnybrook Lead Investigator* |
| Last Name, First Name | Program/Department | E-mail Address |
|  |  |  |
|  |  |  |
| **Sunnybrook Team Members** | *List (add rows as necessary)* |  |
| Last Name, First Name | Program/Department | E-mail Address |
|  |  |  |
|  |  |  |
| **External Team Members** | *List (add rows as necessary)* |  |
| Last Name, First Name | Institution | E-mail Address |
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## Project Keywords *List up to ten (10) words that specifically describe relevant area(s) / disciplines(s) of the proposed research.*

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| 2. Project Overview |

## Brief Project Summary *Maximum of 250 words*

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## Highlight (up to 3) Research Outcomes that will be most impactful in addressing the COVID-19 pandemic

## *Maximum of 250 words*

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## Linkages to other COVID-19 Awards / Funding

## *Specify if this proposal / related project is funded by other COVID-19-related grants, or if a request for funding is under review.*

## *Include whether cash and/or in-kind partner contributions (if any) have been made available to support the project.*

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| 3. Research Proposal |

## *To the end of this Application Form ATTACH a Research Proposal (maximum of three (3) pages) that addresses the following:*

1. Brief Background and/or Rationale
2. Overall Research Plan with Objectives
3. Research Strategy and/or Methodology
4. Feasibility with Timelines
5. Potential Challenges and Strategies to Mitigate
6. Impact of Research Outcomes on Patients, Hospitals, Communities, Public Health Agencies and/or Locally, Provincially, Nationally, Globally
7. Innovative Position of Sunnybrook to Achieve Immediate Research Impacts
* An additional page of references may be added
* Tables/figures can be included but are to be counted in the 3-page limit
* Text must be in Arial 12 point, with minimum margins of 1 inch

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| 4. Project Milestones |

## *List key milestones for the project and timelines in the table below. (Add rows as necessary Date Format: YYYY/MM/DD)*

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| --- | --- | --- |
| **Milestone** | **Milestone Description / Steps to Achieve Milestone** | **Expected** **Completion Date**  |
| Research Milestones |  |  |
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| Research Impact Milestones  |  |
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| Other Milestones *(if applicable)* |  |
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| 5. Project Budget |

## A detailed budget, including expenditures and contributions. *(Add rows as necessary)*

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| --- | --- | --- | --- | --- | --- |
| **EXPENSE CATEGORY** | **Up to -Sep 2020** | **Oct-Dec 2020** | **Jan-Mar 2021** | **Mar 2021 - onward** | **Total** |
| **Personnel *(please list)*** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Materials and Supplies *(please list)*** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Other Expense Categories *(please list)*** |  |  |  |  |  |
|  |  |  |  |  |  |
| Other Sources of Funding*(if applicable)*  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |

## Budget Justifications *Provide a brief summary/justification for the expenses above.*

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| 6. Core Team  |

## *Provide brief proposal-relevant biographies for the Principal Applicant(s), Collaborators, and Sunnybrook Team Members.*

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## *All CVs should be attached in a single separate PDF package.*

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| 7. Signatures |

The undersigned acknowledges that the information and documentation provided is true, accurate and complete.

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| Name and Title of Applicant | Signature | Date (yyyy/mm/dd) |
|  |  |  |

Authorized Signing Officer (PD or PRD)

|  |  |  |
| --- | --- | --- |
| Name and Title | Signature | Date (yyyy/mm/dd) |
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