

Faculty of Medicine Research Office

Application for Grant Miller Cancer Research Grants

Applicant:	T	Tel:	
Address:		Fax:	
		Email:	
		Rank:	
		University Department:	
		•	
		Hospital or Research Institute Division:	
Percentage of Time Available for Research (Minir	mum Re	equirement 50%):	
Project Title:			
110,000 110.0			
	1 (1)		
Signatures: (Applicant)	(Hospital Div/Dept Head) (Signature)		
(Date)	(PrintN:	(PrintName) (Date)	
University Department Chair's signature	Internal Reviewer (NOTE: This should be someone other than the Department Chair)		
guarantees that this application has received			
internal review for content and merit prior to its			
submission:	(Signature)		
(Signature)	l (Olynat		
(Signature)	(Signat		
<u> </u>		lame) (Date)	
(Print Name) (Date)	(Print N		
(Print Name) (Date) Submit 1 original application (no staples) and an e	(Print N	ic version.	
(Print Name) (Date) Submit 1 original application (no staples) and an e Electronic version should be comprised of 4 sep	(Print N	ic version. PDF files: (1) Application form, Section 1-3;	
(Print Name) (Date) Submit 1 original application (no staples) and an e Electronic version should be comprised of 4 sep (2) Research Proposal, Section 4; (3) Supplementa	(Print No lectronic parate Pary mate	ic version. PDF files: (1) Application form, Section 1-3;	
(Print Name) (Date) Submit 1 original application (no staples) and an e Electronic version should be comprised of 4 sep	(Print No lectronic parate Pary mate	ic version. PDF files: (1) Application form, Section 1-3;	
(Print Name) (Date) Submit 1 original application (no staples) and an e Electronic version should be comprised of 4 sep (2) Research Proposal, Section 4; (3) Supplementa	(Print No.) electronicarate Pary mate	ic version. PDF files: (1) Application form, Section 1-3; erials; and (4) Common CV.	
(Print Name) (Date) Submit 1 original application (no staples) and an e Electronic version should be comprised of 4 sep (2) Research Proposal, Section 4; (3) Supplementa E-mail PDF attachment to cindy.faber@utoronto.ca	(Print Notes and Print Notes a	ic version. PDF files: (1) Application form, Section 1-3; erials; and (4) Common CV. Supplementary Materials section); institution:	
(Print Name) (Date) Submit 1 original application (no staples) and an e Electronic version should be comprised of 4 sep (2) Research Proposal, Section 4; (3) Supplementa E-mail PDF attachment to cindy.faber@utoronto.ca	(Print Notes and Print Notes a	ic version. PDF files: (1) Application form, Section 1-3; erials; and (4) Common CV. Supplementary Materials section);	
(Print Name) (Date) Submit 1 original application (no staples) and an e Electronic version should be comprised of 4 sep (2) Research Proposal, Section 4; (3) Supplementa E-mail PDF attachment to cindy.faber@utoronto.ca Please list all Co-Investigators (please add their CN Name:	(Print No.) electronic parate Pary mate a V to the Dept./ In Dept	ic version. PDF files: (1) Application form, Section 1-3; erials; and (4) Common CV. Supplementary Materials section); institution:	
(Print Name) (Date) Submit 1 original application (no staples) and an e Electronic version should be comprised of 4 sep (2) Research Proposal, Section 4; (3) Supplementa E-mail PDF attachment to cindy.faber@utoronto.ca Please list all Co-Investigators (please add their CV Name: Name: Name:	V to the Dept./ li Dept./ li	ic version. PDF files: (1) Application form, Section 1-3; erials; and (4) Common CV. E Supplementary Materials section); institution: institution:	
Submit 1 original application (no staples) and an e Electronic version should be comprised of 4 sep (2) Research Proposal, Section 4; (3) Supplementa E-mail PDF attachment to cindy.faber@utoronto.ca Please list all Co-Investigators (please add their CN Name:	V to the Dept./ li Dept./ li	ic version. PDF files: (1) Application form, Section 1-3 erials; and (4) Common CV. E Supplementary Materials section); Institution: Institution:	
(Print Name) (Date) Submit 1 original application (no staples) and an e Electronic version should be comprised of 4 sep (2) Research Proposal, Section 4; (3) Supplementa E-mail PDF attachment to cindy.faber@utoronto.ca Please list all Co-Investigators (please add their CV Name: Name: Name:	V to the Dept./ li Dept./ li	ic version. PDF files: (1) Application form, Section 1-3; erials; and (4) Common CV. E Supplementary Materials section); institution: institution:	

In keeping with the Faculty of Medicine Research Strategic Plan, please identify which thematic areas and strategic priorities apply to your research.

Then	natic Areas – please check the theme that	most	applies to your project
	Bio – Engineering/ Technology Development		Immunity/Inflammation/Infection
	Cancer		Metabolism/ Nutrition
	Cardiovascular		Musculoskeletal
	Computational Biology		Molecular Cell Biology
	Clinical Research		Neuroscience and Brain Health
	Development/Child/Maternal Health		Drug Development/ Toxicology
	Education/ Knowledge Translation		Population Health/ Global Health
	Genetics Genomics-Proteomics		Regenerative Medicine
	Health Services/ Health Policy		Other:
	Imaging		
Strate	egic Priorities – please check the Priority Human Development	that n	nost applies to your project
	Global Health		
	Neuroscience & Brain Health		
	Complex-Disorders- System Management		

Definitions for these terms can be found in the <u>Faculty of Medicine Strategic Plan document</u>. The definitions of the Thematic Areas, also called Clustered Areas of Emphasis, are found on page 18 and definitions of the Strategic Priorities start on page 13.

1. BUDGET DETAIL

- list items to be funded below; use a separate page for justification;
- ◆ requests for academic or secretarial salaries, or for office equipment or furniture will not be considered;
- requests for the salary support of post-doctoral fellows or graduate students are discouraged and will normally not be funded;
- requests for major equipment or travel will not be funded.

ITEMS:	\$
TOTAL (must not exceed \$25,000):	\$

2. RESEARCH ENVIRONMENT
Briefly describe your research environment at the University of Toronto or research institute, commenting on human and other resources available to you such as academic associates or collaborators, technical assistance, lab space, equipment, etc.; up to one (1) additional page (1" margins all around) may be attached.

3. ABSTRACT OF PROPOSED RESEARCH
One (1) page, single-spaced, keep within the 1" margins outlined. Must be written clearly with a minimum use of jargon and LIMITED USE OF ACRONYMS. Must be written to be understandable to a scientifically educated but not necessarily expert audience.

4. OUTLINE OF PROPOSED RESEARCH

Provide a description of the intended major proposal, including objectives, background, methodology and analysis along with the rationale for the proposed feasibility study. Also indicate the criteria to be used in deciding if the objectives of the feasibility study have been met and how you propose to decide whether a major study is warranted. STRICT LIMIT is five (5) pages, single-spaced, single-sided, using Arial (a minimum 12-point font size), not including references or essential figures with short legends. A margin of 1" on all sides of the pages of the proposal must be kept. Excess pages will be discarded.

5. SUPPLEMENTARY MATERIAL

A maximum of two (2) relevant collaborative letters and/or two (2) relevant reprints or preprints by the applicant may be attached. Any additional material will be removed from the application prior to being sent to reviewers.