



Resident Research Grant Application Form

Complete below in full and use as the cover page of your application. Do not modify/remove sections – if not applicable to you, please indicate “n/a”.

Research Project Title			
<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;">TIP</div> <p>Your project title will need to match the title on your REB approval. Keep the title simple, succinct and reflective of the true purpose of the study.</p> </div>			
Type of Research (select one)			
Clinical_____ Medical Education_____ Health Systems_____			
Resident /Principal Investigator of Project			
Full Name of Resident			
Certification / Accreditation Program <i>(see guidelines)</i>		Academic Health Centre	
Residency Hospital			
Start Date of Residency		End Date of Residency	
Contact Information	Telephone	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;">TIP</div> <p>The Foundation will use this address for all electronic communication.</p> </div>	
	Email		
Address	Street Address and Suite/Unit		
	City/Town	Postal Code	
Funding Requested (Please refer to guidelines for amount and duration information)			
Total Amount Requested:\$_____ Project Start Date:_____ Project End Date:_____			
<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;">TIP</div> <p>A funding decision will be made within 6 months following submission of your application. The Foundation does not fund ongoing research; therefore your start date must be after the funding decision date; i.e. applying for a June deadline means a start date no earlier than December.</p> </div>			



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Research Project Supervisor (required)		
Full Name	<div style="border: 1px solid black; padding: 2px; display: inline-block;">TIP</div> The supervisor must be a CPSO licensed M.D. with an academic appointment.	
Clinical Appointment	Title	Institution
Academic Appointment	Title	Institution
Contact Information	Telephone	Email
Address	Street Address and Suite/Unit	
Sponsoring Institution		
Institution Name	<div style="border: 1px solid black; padding: 2px; display: inline-block;">TIP</div> See guidelines under Sponsoring Institution for information about eligibility.	
Charitable Registration Number	<div style="border: 1px solid black; padding: 2px; display: inline-block;">TIP</div> This is required - it can be found on your institution's website.	
Grant Administrator at Sponsoring Institution	Name	Title
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">TIP</div> This is the person who will accept your funds and administer the research account.	
Contact Information	Telephone	Email
Grant Administrator Address at Sponsoring Institution	Street Address and Suite/Unit	
	City/Town	Postal Code
Co-investigators (add rows as needed for each co-investigator)		
CVs are required; Letters of support are not required		
Full Name	Title and Institution (i.e. clinical/academic appointment)	Project Role/Expertise
<div style="border: 1px solid black; padding: 2px; display: inline-block;">TIP</div> Co-investigators cannot be residents or students of any kind. They do not need to sign the hardcopy of the application.		
Ensure his/her role is well defined.		



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Co-investigators cannot also be paid personnel. They must be one or the other.

Collaborators (*add rows as needed for each collaborator*)

CVs **are not** required; Letters of support **are** required

TIP

Collaborators cannot be residents or students of any kind. They do not need to sign the hardcopy of the application.

Ensure his/her role is well defined.

Collaborators cannot also be paid personnel. They must be one or the other.

[See the definition of a collaborator on page 10 of this sample application.](#)

Lay Summary Description of Project *maximum 200 words*

(Describe objectives and methodology in plain language. If funded, this description will be used to describe your project in Foundation communications)

TIP

Keep your summary clear and to a general practice knowledge level.

Application Checklist

Complete and use the checklist to ensure all required items are submitted. Please ensure each item is marked with either an X or N/A as applicable. The checklist should be completed in both electronic and hard copies.

- Application Form – completed in full
- Application Checklist – completed in full
- If a Resubmission: Response to External Reviewer Comments (limit of 5 pages)
- Contents sections 2-6 completed in full and not exceeding stated section page limits
- Budget includes eligible items only, with detailed justification and verified calculations
- Summary of project, budget and justification from applications for funding from other sources
- Appendices (limit of 30 pages)
- Curriculum Vitae of PI, co-PI Supervisor, and each co-investigator ([see guidelines on page 9](#))
- Supporting letters/emails from collaborators
- Previous PSI Foundation Funding Report ([see guidelines on page 9](#))
- Required signatures

- | | | |
|---|-------------|----------------------------|
| Research Ethics Board Approval | Attached___ | Pending___ |
| Clinical Trials Registry Approval | Attached___ | Pending___ Not required___ |
| Health Canada Drugs & Health Products Approval | Attached___ | Pending___ Not required___ |

Other Funding

Results of funding from other sources may affect your approved budget, therefore please notify the Foundation immediately if you have received other funding. Have you applied / intending to apply for other funding for this study? Yes___ No___ (if yes, complete below) (*add rows as necessary*):

TIP

Please remember to notify the Foundation of any funding received from other sources for this project.

Funding Agency	Amount Requested/Duration	Status
		Approved___ Declined___ Pending___ (Expected Date of Decision):_____

Application Form

Suggested External Reviewers

Complete below in full (**all four fields**) to suggest individuals who have the appropriate expertise for the Foundation to potentially ask to peer review your proposal. Suggested reviewers must not be associated in any way with your project or other research activities, your hospital or your academic institution. They also should not be anyone who you trained or recently collaborated with or supervised.

Suggested Reviewer	Contact Information <i>(all fields required)</i>	
Name and Title/Academic Appointment	Street Address/City/Province or State / Country / Postal Code	
	Email Address	Telephone
Name and Title/Academic Appointment	Street Address/City/Province or State / Country / Postal Code	
	Email Address	Telephone
Name and Title/Academic Appointment	Street Address/City/Province or State / Country / Postal Code	
	Email Address	Telephone
Name and Title/Academic Appointment	Street Address/City/Province or State / Country / Postal Code	
	Email Address	Telephone



In addition to the instructions above, only one reviewer from each institution will be used, therefore variety in your suggestions is helpful.

Application Form

Submission

Email **one** PDF file format attachment of the complete application package to psif@psifoundation.org.

The file attachment must NOT be a scanned copy. Please note the PDF file attachment must be less than 5 MB in size. PSI no longer requires a hardcopy of the application; therefore, please include all signatures in the PDF. You may need to email the signature page separately, if dictated by file size.



You will be asked to replace any sections of your application deemed unnecessarily scanned.

PSI no longer has a deadline for Resident Research Grant applications. Applications may be submitted at any time. PSI's internal review committee will consider your application at its next meeting following the peer review process. You will receive a decision within 6 months.

When emailing your application please use the standard subject line format of: PI/Resident's last name and project title (i.e. *Cardella: Down-regulation of allosensitized B cells*)

Out of consideration for all applicants, the Foundation is unable to accept incomplete applications. Applications will not be accepted by fax..

Confirming Receipt of Application

Each application submitted will be acknowledged within 5 business days after submission.

If after 5 business days you have not received by email a confirmation of receipt, please contact PSI at psif@psifoundation.org. Please ensure you retain for your records all sent emails with attachments to PSI in the rare event an application is not received.

Application Contents

Application Instructions:

Your application must include each of the following sections using the titles, order and numbering as below. Page numbering is required, starting with the first page of the Application Form as page 1. The content must be single spaced, 12 pt font. Sections 1 through 10 must not exceed stated section page limits. Please read the Funding Guidelines before completing the application to ensure all eligibility criteria and requirements are met.

- 1. Resubmission Response (5 page maximum)** If this is a resubmission of a previously declined application to the Foundation, provide a letter explaining in detail how the resubmission addresses the comments of the external peer reviewers of the previously declined submission.

TIP

A resubmission is the second iteration of any application which has undergone our peer review process.

- 2. Statement of objectives and specific aims of the project in the form of hypothesis (1 page maximum)**

TIP

A hypothesis must be included.

- 3. Statement of Relevance (1/2 page maximum)** Please highlight the relevance and impact of this proposal on the health of Ontarians.
- 4. Background, rationale and present state of knowledge (5 pages maximum). List of references for this section (2 pages maximum).**

TIP

See 'Tips from the Internal Grant Review Committee'.

- 5. Project design, methodology and analysis (6 pages maximum). List of references for this section (1 page maximum).**

TIP

See 'Tips from the Internal Grant Review Committee'.

- 6. Describe your role as resident in the proposed study (500 words maximum)** Clearly define your activities AND expected learning objectives during the course of this study. Please be specific when completing this section as PSI's grants review committee believes the resident's role is crucial in evaluating such applications. You may wish to outline your role in the following:

- In the application/study development
- In undertaking the protocol as described in this application
- Upon completion of the study
- The number of hours per week you plan to devote to the research



Clearly define your activities through the entire process from conception to completion. Your role is an integral part of the evaluation process.

7. Project Budget requested from PSI (format below must be used) 1 page maximum

Please read guidelines to ensure eligible items only are requested. Ineligible items will be removed.

Budget Items (items not fully justified in 5b will not be considered)	Amount Requested \$
Personnel	
•	
•	
•	
Total Personnel	
Equipment	
•	
•	
•	
Total Equipment	
Materials & Supplies	
•	
•	
•	
Total Materials & Supplies	
Knowledge Translation Activities (maximum \$1500 per grant)	
•	
•	
•	
•	
Total Knowledge Translation Activities	
Other Expenses	
•	
•	
Total Other Expenses	
TOTAL PROJECT BUDGET REQUESTED (cannot exceed \$20,000)	



This amount is per study, not per year.



Ineligible budget items will be removed. See the [guidelines](#) for a list. Common errors include computers and student salaries. Please remember the PI, co-PI and co-investigators cannot be paid from grant funds.

7. **b) Additional Project Budget Rationale (2 page maximum)** All the above items require additional explanation to justify funding, Please provide in this section.

Personnel: describe type/role of personnel and indicate amount of time per week or month

Equipment: describe type and quantities and how it will be used for study

Materials & Supplies: describe type and quantities required and how will be used for study

Other Expenses: full detailed description, quantities and amounts must be provided



Your budget justification should be on a different page, not within the budget form. Any budget items not properly justified could potentially be removed.

7. **c) Other Funding Summary** If funding has been requested from other sources, please provide the summary, budget and budget justification from these applications.



This is not necessary if the other funding has already been declined.

8. **Appendices (30 pages maximum)**



This section is often used for items such as tables and figures, consent forms, or related publications.

9. **Curriculum Vitae for Resident, Supervisor and any co-investigators.** Each CV is to be made up of two components: the first component is to be limited to three pages and will include all relevant information such as education, appointments, committees, etc. The second component is to be a list of publications, presentations, grants received, etc. for the past 5 years only. Both components are required.



Ensure all CVs follow these guidelines. Other formats such as CIHR CVs will not be accepted unless modified to fit these guidelines.

Abbreviate the CVs to number of publications but only list in detail the last 2 years; i.e. Publications (30 in last 5 years of 100 total)

10. **Supporting letters from collaborators**



Collaborators can be anyone who is not a co-investigator but is assisting with the project in some way; i.e. providing lab space, samples, expertise, etc.

Letters should detail his/her expertise and role in the study.

11. **PSI Foundation Funding Report (1 page per grant)** If a PSI Foundation grant has been received by the Principal Investigator in the past, please provide citations for all publications or presentations resulting from the grant. If none are available, please provide a summary of the results of research and the reasons for the lack of publication or presentation.

Signatures

By signing below, you certify that

- All information in this application is accurate and truthful
- You have read and understood PSI's policies as stated in the Application Guidelines
- You agree to all of PSI's terms and conditions for undertaking the research protocol as stated in the Application Guidelines
- You agree to PSI's requirements of researchers and administrators as stated in the Application Guidelines

Failure to adhere to PSI's policies and terms of the grant offer may result in grant cancellation.

Name of Resident	Signature of Resident	Date Signed
Name of Research Project Supervisor	Signature of Research Project Supervisor	Date Signed
Name of Department Head of Principal Investigator	Signature of Department Head of Principal Investigator	Date Signed
Name of Dean/Vice Dean of Research of Sponsoring Institution	Signature of Dean/Vice-Dean of Research of Sponsoring Institution	Date Signed
Name of Grant Administrator of Sponsoring Institution	Signature of Grant Administrator of Sponsoring Institution	Date Signed



Co-investigator signatures are not required.

It is a good idea to keep a copy of your original signature page.