**HAMILTON HEALTH SCIENCES**

**New Investigator Fund - Application Form**

Applicant Information

1. Are you an HHS Employee? Yes [ ]  Employee ID#       or,

2. Are you a member of the HHS Medical Staff? Yes [ ]  (HHS must be your primary facility)

 If yes, provide Medical Department or Professional Discipline:

3. Are you a member of a joint HHS/McMaster Research Institute?

**Title of Research Project** [maximum of 100 characters]

**Type of Research**

Principal Investigator Information **Canadian Common CV (CCV) Attached** **[ ]**

**Name:**

**Do you self-identify as a member of an under-represented minority? Yes** [ ]  **No** [ ]

**Profession/Level of Training: Type** **(e.g. Nursing/Cardiologist) Degree**

**Research Specialty/Area:**

**Year of First Ever-Academic Faculty Appointment (physicians must hold full-time appointments but members of other health professions with part-time appointments may also be considered)**       (DD/MM/YR) **First Academic Institution**

**Country**

**Current Work Address:       HHS Site Area/Location:**

**Extension/Telephone Number:**

**Email Address:**

Administrative Support: **(**please check one)

**Administrative Assistant [ ]**

**Research Assistant or Research Coordinator [ ]**

**Name**       **Email Address:**

Mentor Information **Canadian Common CV (CCV) Attached [ ]**

**Name:**

**Profession/Level of Training:**       **Research Institute/Centre:**

**Medical Department or Professional Discipline:**

**Research Specialty/Area:**       **Location:**       **Specify:**

**Work Address:**       **Area/Location:**

**Extension/Telephone Number:**       **Email Address:**

**MENTOR MUST REVIEW FINAL APPLICATION, INCLUDING THE APPLICANT CV, PRIOR TO SUBMISSION. Date Reviewed:**

**Name of Co-Investigator(s)** *[name, professional designation and % of contribution to project*]

**1.**            **% of research**

**Role Description** [maximum 100 characters]

**2.**            **% of research**

**Role Description** [maximum 100 characters]

**3.**            **% of research**

**Role Description** [maximum 100 characters]

**4.**            **% of research**

**Role Description** [maximum 100 characters]

**5.**            **% of research**

**Role Description** [maximum 100 characters]

Has this project been submitted elsewhere for support? [ ] Yes [ ] No

If Yes **where:**

 **when:**

 **response:**

Reviewed by the Research Ethics Boards (REBs) [ ]  Not Applicable

Appropriate letters of approval are required before funds can be released to projects awarded an NIF grant.

 DD/MM/YY

1. Approval received from Human REB [ ] No [ ] Yes [ ] Pending, date:

2. Approval received from Animal REB [ ] No [ ] Yes [ ] Pending, date:

**HHS Clinical Program(s) or Services(s) proposed research project is linked/related to:**

[Please select the most appropriate that is/are applicable]

Clinical Programs

[ ]  Cardiac & Vascular

[ ]  McMaster Children’s Hospital

[ ]  Oncology

 (Surgery, Hematology, Radiation, Medicine)

[ ]  Neurosciences & Trauma

[ ]  Rehabilitation & Orthopedic

[ ]  Mental Health

[ ]  Adult Specialty Services

(Digestive Diseases, Women’s Health, Ambulatory Care)

[ ]  Seniors Health & Complex Care

[ ] Critical Care

[ ] Other

Clinical Services

[ ]  Diagnostic Services

[ ]  Emergency Medicine

[ ]  Pharmacy

[ ]  MCH-Child Acute Care

[ ]  MCH-Child Developmental & Mental Health

[ ]  MCH-Neonatal ICU

[ ]  HRLMP (Laboratories)

[ ]  Peri-Operative (surgery)

[ ] Other

**Budget Attached** **[ ]** [Pages 4 & 5 of 5) Complete the NIF Budget Form and attach to this application]. NOTE: Personnel expenses need to be validated by Research Administration. This requires 3-4 weeks lead time. Refer to details in NIF Guidelines to provide back-up required and contact Donna Catherwood via email catherwood@hhsc.ca

**Relevance to HHS Clinical Mission and Research Strategic Plan**

Provide a brief summary, in layperson terms, of your NIF project and the relevance to the clinical mission and research strategic direction of HHS to be used for publication purposes. [Maximum 150 words]

**Research Outline**

1. Provide details of proposed research study. Research proposal is limited to 6 pages in length using Arial 10 font with 1 inch margins.
2. References are limited to 2 pages in length, using Arial 10 font with 1 inch margins. *Note: format for references has change to the Vancouver style. To help you frame your references please see* [*here*](https://urldefense.com/v3/__https%3A/michener.ca/students/library/referencing-writing-help/vancouverstyle/__;!!JB7FzA!f8YBMlRwNngtlKm1lJZLXqC3YHtROG8TWU_Ae1Jku3mqZHNyBi1B1gUGDSIred-H$)*.*
3. Only 3 Appendices may be included, each limited to 2 pages in length using Arial 10 font with 1 inch margins.
4. Scientific and layperson summaries are each limited to 1 page in length using Arial 10 font with 1 inch margins.
5. Complete checklist on page 3 of this application.

**Deliverables - Milestone Table**

*Identify key milestone targets that are set to be achieved at six months and one year for this project.*

|  |  |
| --- | --- |
| **Timeline** | **Milestone Targets (brief overview description)** |
| 6 months |       |
| 1 year |       |

**e-Submission Requirements and Checklist**

Only complete applications will be accepted (refer to specifications listed under Items #2 and #3 below). All incomplete submissions will be returned. Applications are to be submitted no later than **11:59pm** on either **March 31st** or **October 1st** of each year. ***NOTE: Should either of these dates fall on a recognized holiday and/or weekend day, the deadline is extended to the next business day.***

**Applicants are responsible for:**

* Ensuring a complete submission is provided per the specifications and order that is listed below.
* Following up with authors who are providing letters of assessment and support letters and ensuring they are received by the respective deadline date.
1. Budget Form and Justification– research **personnel costs MUST BE reviewed and approved by Research Administration at HHS** to validate role and appropriate salary scale. This process requires 3-4 weeks lead-time. Please contact Donna Catherwood at catherwood@hhsc.ca. For either HHS or McMaster University positions, evidence of costing through consultation with McMaster HR and/or Faculty Department Manager is required. Confirmation of their current position job classification, step level, and hourly rate from their respective manager and/or HR staff is needed for existing staff (email will suffice). Hiring HHS staff, whenever possible, is highly encouraged/ recommended. Please contact Sasha Eskandarian, Manager Research Compliance and Support Services at eskandars@hhsc.ca.
2. A complete application must include documents 1 through 9, as per below formatted as ONE pdf file (requiring that all documents be individually converted to pdf and then merged into one pdf file) **AND** include **original MS Excel** format of Budget Form. Both files (all inclusive pdf and MS Excel Budget) are to be sent as TWO email attachments to NIF@hhsc.ca. Applicants are restricted to sending ONE pdf email (with the two attachments) with the subject line marked “NIF – surname of applicant”.
3. Checklist and order for a complete e-submission as outlined below. All documents listed below **MUST BE** typed single space in Arial 10 font with 1-inch margins; converted into pdf format and merged as ONE file and submitted electronically via email to NIF@hhsc.ca

**Applicants are Responsible for sending the following documents 1 through 9 (in the order specified below) as ONE pdf file PLUS original MS Excel Budget file:**

|  |  |
| --- | --- |
| 1 | [Completed NIF Application Form](https://www.hamiltonhealthsciences.ca/research-innovation/research#internal-funding) (pages 1-3) |[ ]
| 2 | [Completed NIF Budget Form & Justification](https://www.hamiltonhealthsciences.ca/research-innovation/research#internal-funding) (2 pages) include original MS Excel file |[ ]
| 3 | Role Description of Principal Investigator (1 page) |[ ]
| 4 | Role of Scientific Mentor (1 page) |[ ]
| 5 | Scientific Summary (1 page) |[ ]
| 6 | [Completed NIF Lay Summary Template](https://www.hamiltonhealthsciences.ca/research-innovation/research#internal-funding) (2 pages) evaluated by Patient Advisors for Research |[ ]
| 7 | NIF resubmissions MUST provide a detailed response to reviewers’ concerns |[ ]
| 8 | Research Outline (6 pages) – excludes references/appendices/collaboration letters etc. * Research Proposal should include: 1) Purpose and Background; 2) Objectives; 3) Design and Methods; 4)Analysis Plan (including sex and gender-based analyses; and 5) Proposed Timeline
* References – limited to 2 pages ***Note:*** *format for references has change to the Vancouver style. To help you frame your references please see* [*here*](https://urldefense.com/v3/__https%3A/michener.ca/students/library/referencing-writing-help/vancouverstyle/__;!!JB7FzA!f8YBMlRwNngtlKm1lJZLXqC3YHtROG8TWU_Ae1Jku3mqZHNyBi1B1gUGDSIred-H$)*.*
* up to 3 Appendices may be included, each limited to 2 pages in length
 |[ ]
| 9 | Up-to-date full Canadian Common CV (CCV) of Principal Investigator select CIHR draft form (ensure full funding and publications records are available and up to date) |[ ]

**Mentor CV, Mentor and Support Letters must be sent by each individual author**, **as a pdf file, via email to** **NIF@hhsc.ca** **with the subject line marked “NIF – surname of applicant”. Letter are to be addressed to the attention: Drs. Fred Spencer and Michelle Ghert, NIF Co-Chairpersons - Scientific Review Board**

|  |  |
| --- | --- |
| 10 | Up-to-date BioSketch Canadian Common CV (CCV) of Scientific Mentor |[ ]
| 11 | Letter of Assessment from Scientific Mentor |[ ]
| 12 | Two letters of support: (from Research Program Director **AND** Academic Dept. Chair or Dean)  |[ ]

Submission Date

Revised – January 2023