

SCIENCE COMPETITION APPLICATION FORM

Sept. 2009

Type of Research-Please Check Appropriately

- Allied Health
- Basic Science
- Program Evaluation
- Qualitative Research
- Clinical Trial
 - Randomized Control Trial (See CTA application form guidelines)
 - Trial Registration Number (if applicable)_____
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- Other:_____

1. **Project Title:**_____

2. **Principal Investigator:**

Name: _____

Title: _____

e-mail: _____

Tel. No.: _____

3. **Co-Investigators:**_____

4. **Where will research be conducted?**_____

5. **Briefly describe the space, furniture and telephone requirements for the project (e.g., wet lab, animal surgery, office space, etc.)**

6. **Anticipated Start Date:** _____

Anticipated Completion Date: _____

7. **Anticipated Sources of funding** (List all sources):

	<u>Applied for</u>	<u>Secured</u>
CHEO Research Institute	_____	_____
CHEO Trust Funds	_____	_____
External Agencies	_____	_____
Drug Companies	_____	_____
Other	_____	_____

8. **APPLICANT SIGNATURES:** Please include name and title

Principal Investigator / Title	Signature
Co-Investigator(s) / Title	Signature
Co-Investigator(s) / Title	Signature
Co-Investigator(s) / Title	Signature

9. **DEPARTMENTAL SIGNATURES:** Please note that your signature indicates your awareness of the project and the resource implications

I) For Medical Staff

Department Head	Department	Signature	Date
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II) For Nursing, Allied and Other Health Staff (as determined within each PSU)

PSU Medical and/or Operations Director	PSU Program	Signature	Date
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Professional Practice Leader	Profession	Signature	Date
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10. Please provide the names of two possible reviewers for your project.

Reviewer #1

Name: _____

Title: _____

e-mail: _____

Tel. No.: _____

Reviewer #2

Name: _____

Title: _____

e-mail: _____

Tel. No.: _____

Please submit your application electronically, in PDF format, to the Research Institute at RIAdmin@cheo.on.ca

BUDGET

PERSONNEL

<u>Position / FTE</u>	<u>Rate (HRLY)</u>	<u>Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total before benefits	_____
	Benefits	_____
	TOTAL	_____

EQUIPMENT

<u>Description</u>	<u>Unit Cost</u>	<u>Qty.</u>	<u>Extended</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		TOTAL	_____

SUPPLIES & SERVICES

(Include, where appropriate, telephone installation, rental, and long distance)

	TOTAL

TRAVEL

Travel involved in the collection of data: (explain)

	TOTAL

OTHER EXPENSES (explain)

	TOTAL
	TOTAL COST OF PROJECT

SCIENCE COMPETITION APPLICATION GUIDELINES

Your proposal will be reviewed by the Science Committee of the Research Institute and will be rated as follows:

Scientific Rating

4.5 - 4.9	Outstanding
4.0 - 4.4	Excellent
3.5 - 3.9	Good
3.0 - 3.4	Needs Revision
2.6 - 2.9	Needs Major Revision
2.5 - lower	Serious Flaws

Relevance Rating

Not Recommended	- Not Relevant
0	- Low Relevance
.1	- Moderate Relevance
.2	- High Relevance

You will be advised, in writing of the Science Committee's decision and will also be given the unedited comments of the review. Decisions are reached through discussion and individual reviewers may not agree with the committee's assessment.

The following areas are addressed by the reviewers and the committee.

1. **IN ORDER TO BE REVIEWED** your proposal should be no longer than 10 pages, single-spaced, excluding references and appendices. Print type should be no smaller than 12 point, with 1 inch margins. A lay abstract of not more than 300 words should be included, telling what it is you are going to do; and how you are going to do it. The abstract should explain in terms understandable by the general public, what its relevance to health care is.

Appendices should be limited to letters of collaboration, letter of support, questionnaires, photographs and figures (excluding copyrighted questionnaires).

If your proposal is not consistent with the competition guidelines, it may be returned to you. The Chairperson of the Science Sub-Committee and the Director of the Research Institute will review applications which are to be returned.

Grant applications already formatted for submission to external agencies may be submitted as is for further consultation with the Chairperson of the Science Sub-Committee.

2. Your proposal should clearly state the objectives.
3. Your proposal should include a critical appraisal and presentation of the relevant background literature.
4. Your proposal should include a description of the research methodology or research design such that its adequacy for the stated objectives can be judged. This should include methods of subject selection and recruitment, inclusion-exclusion criteria, methods of data collection, justification of sample size, measures, data analysis, and evaluation of the results. Any intervention, experimental or therapeutic, should be described in sufficient detail that others could replicate it. All procedures that you will use for intervention or data collection should be described clearly with justification.
5. Budget and justification. Is there a cost benefit or cost effectiveness component to your research? If so, describe how this will be carried out. Indicate source of funding and what is covered by these funds. If further support is required from another CHEO investigator who is not a co-applicant or co-investigator, e.g., creatinine measurements
 - CHEO Biochemistry - provide a statement from the Director of Biochemistry indicating his/her agreement to perform these measurements.

6. Ethical considerations. **Note:** Applications to the Research Institute for R.I. funding, shall be reviewed by the Ethics Committee upon receipt of the Science Sub-Committee's review and comments.
7. Relevance to children's health.
 - How is this related to the priorities of the service departments or the Children's Hospital of Eastern Ontario?
 - What is being added to the knowledge base?
 - In practical terms, what impact will the study findings have on children's health?
 - Demonstrate the relevance of program evaluation by indicating:
 - How the results will contribute to new knowledge, and
 - How the results will be generalizable or transferable to other health care settings.

When scientific merit is equal between competing grants, and there are limited funds, the Finance Committee may recommend funding based on ratings of relevance.

8. Please provide the names, addresses, and phone numbers of two peers, see item 11 on Application Form, who could carry out a review of the proposal.
9. It has been the experience of the Science Sub-Committee that those applications that have already been peer-reviewed, either within the originator's department or outside the department tend to be more successful.
10. Principal investigators require signatures from:
 - i) **For Medical Staff:** the Department Head
 - ii) **For Nursing, Allied and Other Health Staff:** to be determined within each individual PSU whether the required signature be from the Medical and/or Operations Directors **and** the Professional Practice Leaders.

Please Note:

Randomized Controlled Trial Applications must be accompanied by a Completed Consort Check List - available at:<http://www.consort-statement.org> as well as a trial registration number, such as ISRCTN. (<http://isrctn.org/>)

Please submit your application electronically, in PDF format, to the Research Institute at RIAdmin@cheo.on.ca

SCIENCE COMPETITION APPLICATION CHECK LIST

Have you;

- _____ Obtained signature(s) of investigator and all co-investigators
- _____ Obtained signature(s) of all relevant department head(s)
- _____ Obtained signatures of clinic directors or others (e.g., school boards) who have approved the project with regard to the use of staff, services or equipment
- _____ Included a lay abstract
- _____ Included a critical appraisal of relevant literature
- _____ Illustrated your proposal's relevance to children's health
- _____ Addressed ethical considerations
- _____ Outlined procedures used in the conduct of the research, including design, methods of data collection, and analysis
- _____ Included a budget
- _____ Address the precautions to be taken to deal with known or possible risks to subjects
- _____ Drafted an *Informed Consent Form*
- _____ Included *Animal Care Committee* approval
- _____ Included *Pharmacy and Therapeutics Committee* approval
- _____ Indicated how the family physician will be informed

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RIAdministration@cheo.on.ca**