

# THE UNIVERSITY OF BRITISH COLUMBIA

# DIVISION OF CARDIOLOGY

# VGH Division of Cardiology Research Fund Application

**(Complete this application and submit it plus the CV of the PI to Dr. John Cairns – see end of form – by the application deadlines of June 15 or November 15. Please refer to the Terms of Reference of the Research Fund while completing this application.)**

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| Principal Investigator | | | | | |
| **Academic Department & Division** | | | | **Academic Rank** | |
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|  | | VCHRI Research Program affiliation (if applicable) | | | |
| Co-Investigator Name(add additional page if necessary) | Organization, Department/Division | | | | Position/Title |
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| **Project Title:**  **Application type: Pilot project \_\_\_ Small research project \_\_\_\_\_Research training or newtechnique/methodology\_\_\_** | | | | | |
| Amount Requested : Year 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year 2(if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Signatures: | | | | | |
| Principal Investigator: | | | Date: | | |
| **Co-Investigators:** | | | Date: | | |
|  | | | **Date:** | | |
|  | | | **Date:** | | |
|  | | | **Date:** | | |
|  | | | **Date:** | | |
| Division of Cardiology Head: | | | Date: | | |

**CV of PI is included with this completed application form** \_\_\_\_\_\_\_\_\_

### Contact Information for PI

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| Last Name | | First Name(s) | | Title |
| Mailing Address (include street, building, room number, and postal code). | | | | |
| Telephone Numbers  Office:  Laboratory:  Fax: | | | Email Address: | |
| The award will be administered through  UBC  VCH  VGH Cardiology Research  Other (please state) | | | Name and contact information for person who will coordinate administration (if not PI):  Name:  Phone:  E-mail: | |
| Location of Research Activity VGH \_\_\_\_\_\_ UBCH \_\_\_\_\_\_ GFS \_\_\_\_\_\_ RHSS \_\_\_\_\_\_  LGH/NSCG \_\_\_\_\_\_ Vancouver Community \_\_\_\_\_\_ | | | | |
| **Indicate if the project involves:**  Human Subjects  Animal Experimentation  A Requirement for Containment | No Yes  (if yes, hospital/VCHA approval is also required)    Level 1 2  3  4 | | | |

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| Principal Investigator: |
| Project Title: |
| **Research Proposal**  The research proposal can be a maximum of **5 pages** for **pilot projects** and **small research projects** and **2 pages** for **research training/technique/methodology** and should be inserted after this page.   * Page limits do not include references, tables, charts, figures, or photographs. Legends should be succinct. Detailed descriptions of methods and discussion of results should be included in the body of the proposal, NOT in the legends. * Page limits do not include appendices. Only the following are eligible to be attached as an appendix: questionnaires, consent forms, and letters of support/collaboration. |

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| **Abstract** (Suitable for preparation of a press release)  Provide a non-technical summary of your project, written in simple and clear language suitable for a lay audience. The summary should have a statement of the health issue, objective of the project, how you plan to undertake the work, what is unique about the project, and how your research ultimately can improve the health of individuals and/or the health care delivery system. Use this space only.  Note: If your proposal is funded, this abstract may appear on the VCHRI web site. Please do not include anything that might compromise future protection of intellectual property or patenting. |
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| Principal Investigator: |
| Project Title: |
| Project Justification Please describe how this project fits with the terms of reference of the VGH Division of Cardiology Research Fund. | |
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| Future Planning Briefly describe the possible long-term plan for this research area. |
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| Principal Investigator: | | |
| Project Title: | | |
| Project Budget Applications will be considered for up to $25,000/year for up to 2 years for pilot projects, up to $10,000/year for up to 2 years for small research projects and up to $10,000 for research training/technique/methodology (see details in Terms of Reference of Research Fund.) | | |
| Item | Amount Requested **Year 1 Year 2** | Contributions from other sources (if applicable)  **Year 1 Year 2** |
| Personnel(may include research assistants, technicians, trainees and consultant fees) |  |  |
| Materials and Supplies |  |  |
| Research Equipment |  |  |
| Communications and Publications |  |  |
| Other (Specify) |  |  |
| Total Requested from VGH Division of Cardiology Research Fund |  |  |
| Total value of in-kind contributions |  |  |
| Total Cost of Project |  | |

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| Budget Justification Use the “Funding checklist” on the next page to help you with this section, then on a separate page, provide details and justification of requested funds and contributions from other sources as outlined above. Note that investigators’ salaries and travel costs (e.g. to conferences) are not eligible expenses. |

When completed, **submit 4 sets of documents (original + 3 copies).**  This should include the application form, the PI’s CV and any other supporting documents.

**Applications to be sent to:**

**Dr. John Cairns, VGH Division of Cardiology,**

**DHCC 9th Floor - Room 9113, 2775 Laurel Street**

***Funding Checklist***

***Review your draft application and this section with Jackie Chow prior to final submission***

□ Feasibility: have you demonstrated that

1) the study population is available

2) your inclusion/exclusion criteria are reasonable

3) you have the support of colleagues/collaborators

4) you have staff (clinical coordinators, data entry/research assistants, residents, students, etc) to accomplish the project

□ Fallback Strategy: have you considered options for amending your project in case

1) you have difficulty enrolling (eg. broadening criteria, expanding investigators)

2) you have too many crossovers or withdrawals

3) you have unexpected costs

□ Do you have a planned DSMB and/or Steering Committee process to monitor safety & progress of the study

□ Have you included costs from resource areas that will be used in your project

1) pharmacy

2) diagnostic tests (eg echo, ECG)

3) equipment

4) data analysis

5) office overhead

□ Have you included a timeline that accounts for activation (eg. REB approval, Health Canada approval, import/purchase of drugs or equipment, other regulatory documents, training etc)