## **Section A Summary Information:**

Award Category:

[ ]  Category One - Experienced researchers (up to $100,000)

[ ]  Category Two - Early career researchers (up to $100,000)

[ ]  Category Three - All researchers (up to $50,000)

[ ]  Category Four – Students/trainees (up to $10,000)

**Nova Scotia Health Priority Areas:**

Indicate the priority area(s) with which the proposed research aligns:
[ ]  Aging and continuing care

[ ]  Mental health and addictions

[ ]  Vulnerable populations

[ ]  Expanding telehealth/virtual care

[ ]  Chronic illness

[ ]  Improving access to primary health providers

[ ]  Recruitment and retention of health professionals

[ ]  Addressing surgical wait times

[ ]  Women’s health

[ ]  Prescription drug coverage

[ ]  Overall patient access and flow

[ ]  Other - Describe:

**Project Title:**

Principal Investigator Name, Department/Division, Email Address and Phone Number:

Principal Investigator Signature:

Principal Investigator Status:

I am:

[ ]  an employee, medical staff or Affiliated Scientist at Nova Scotia Health

[ ]  a student or trainee or resident based at, or affiliated with, Nova Scotia Health

 [ ]  Other – please describe:

Team Members:

Include the Name, Department/Division, Email address for ALL team members (signatures are not required):

NS Health Supervisor/Mentor for Category Four applicants (students, trainees, residents).

Include the Supervisor name and their NS Health Department/Division:

Attach to your application a signed copy of the “NS Health Research Placement Agreement for Supervisors/Mentors of students/trainees conducting research at NS Health”.

**Research Location:**

Zone where the project will take place

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Central | [ ]  Northern | [ ]  Eastern | [ ]  Western | [ ]  Provincial |

Describe where the project will take place e.g. community, hospital, department, unit:

**Key words:**

Provide up to six key words that describe the proposed research. To be used for administrative purposes and reviewer recruitment.

1.

2.

3.

4.

5.

6.

Is this application a resubmission? [ ] Yes\* [ ] No

Is this an extension of an ongoing study? [ ] Yes [ ] No

Is Research Ethics Board approval\*\* required for this research study? [ ] Yes [ ] No

\*If your application is a resubmission, please include in *Appendix E* an explanation of how previous reviewers’ comments have been addressed (required for re-submissions only).

\*\* If you have already secured Research Ethics Board approval, please indicate ROMEO file number:

**Budget Summary** *Complete the table below.*

**Total Budget Requested**:

***Note***: Funds awarded under Categories One and Two can be held for up to 3 years\*.

Funds awarded under Category Three can be held for up to 2 years.

Funds awarded for Category Four – students, trainees, residents can be held for up to 1 year.

| **Budget Categories** | **Amount** **Requested****Year 1****2021-2022** | **Amount** **Requested****Year 2****2022-2023** | **Amount Requested****Year 3\*****2023-2024** | **Total**  |
| --- | --- | --- | --- | --- |
| A. Personnel | $      | $      | $      | $      |
| B. Equipment | $      | $      | $      | $      |
| C. Materials, supplies and services | $      | $      | $      | $      |
| D. Knowledge translation and dissemination  | $      | $      | $      | $      |
| E. Other | $      | $      | $      | $      |
| **Total** | $      | $      | $      | $      |

**Budget Justification**

**Appendix A Budget Justification** (required). Provide details about each budget item. Include price quotes, if available. Please use Nova Scotia Health salary scales and benefits.

**Funding:** Have you applied to other agencies for funding to support this research?

[ ] Yes [ ] No

If yes, include the name(s) of the agency(ies) below and the amount requested. Include all pending applications. Indicate any overlap that may exist with the Nova Scotia Health Research Fund application and other funding applications.

Where potential overlap exists, justify this overlap or state what will happen if duplicate funding is received. Details may be included as part of *Appendix A*- Budget Justification.

**Agency Name(s)/Amount requested**

1.
2.
3.

## **Section B Research Project Description:**

**Plain Language Summary:** *Provide a clear and concise* ***plain language*** *summary (max. 500 words) of the proposed project (Grade 10 level).*

**Formatting**: Please use 11 pt. minimum, black font. No condensed/narrow fonts, type, or spacing, 1.5 line spacing, 0.5 inch (1.27 cm) left and right margins.

**Page limits** for the Project Proposal are broken down by application category:

Category One and Two applications = 10 pages maximum

Category Three applications = 8 pages maximum

Category Four applications = 6 pages maximum

**The Project Proposal should include the following sections:**

* 1. Research question
	2. Background/Rationale
	3. Objectives
	4. Methods, including timelines
	5. Knowledge translation plan
	6. Expected impact, including alignment with identified mandate and priorities of NS Health
	7. References (not included as part of page limit)

**Appendices:** Please attach the relevant Appendices to the application.

Appendix A - Budget justification. There is no page limit (may include cost quotes)

Appendix B - Supplementary information (charts, tables, survey templates etc.).

Page limits are: Category One and Two = 3 pages maximum; Category Three and Four = 2 pages maximum.

Appendix C - Letters of support (optional). There is no page limit.

Appendix D - Principal Investigator’s validated Canadian Common CV (CCV). The required CCV format is Funding – CIHR Biosketch. For all other team members, include a 5 page maximum CV (in any format).
For assistance with the Canadian Common CV (CCV), visit: <https://cihr-irsc.gc.ca/e/45688.html> or contact the CCV Contact Centre toll free at: 1-888-603-4178 or support-soutien@cihr-irsc.gc.ca

Appendix E – Response to reviewer comments (required for re-submissions only).

**Section C Checklist - Application Submission:**

* Application adheres to all formatting requirements
* Principal Investigator has signed the application with an electronic signature
* Proposal sections are within allowable page limits
* Appendices are attached
* For Category 4 applicants only – include
	+ NS Health Research Placement Agreement for Supervisors/Mentors of students/trainees conducting research at NS Health. (available at: [Nova Scotia Health Research Fund (NSH RF) | Nova Scotia Health Authority - Corporate (nshealth.ca)](https://www.cdha.nshealth.ca/discovery-innovation/research-fund#:~:text=Nova%20Scotia%20Health%E2%80%99s%20Research%20Fund%20is%20an%20internal,Category%202%20%E2%80%93%20%24100%2C000%20for%20early%20career%20researchers)
* Application is compiled into one PDF document for submission
* Application is submitted or before March 1, 2022 at 4 PM
* Application is submitted to Research.Fund@nshealth.ca using the MOVEit transfer service at Nova Scotia Health: [MOVEit Transfer | Nova Scotia Health Authority - Corporate (nshealth.ca)](https://www.cdha.nshealth.ca/education-learning/moveit-transfer)

Inquiries may be directed to: Research.Fund@nshealth.ca

**Receipt:** Applicants will be notified by email when their application is received. If a notification is not received, please contact Research.Fund@nshealth.ca.

Incomplete applications or applications that do not meet the competition guidelines may be disqualified.

***Thank you for your application to Nova Scotia Health Research Fund***