

## Applicant Profile

Current competition date:  March 15 or  September 15

### Category of funding:

Is this a resubmission  Yes  No  
Is this an extension of an ongoing study?  Yes  No

**Title of proposed project:** \_\_\_\_\_  
\_\_\_\_\_

**Applicant:** \_\_\_\_\_

**About me:**  
*(please check all that apply)*

physician	health professional	NSHA Appointed
NSHA Staff/Employee	trainee	Affiliated Scientist

**Department:** \_\_\_\_\_

**Division:** \_\_\_\_\_

**e-mail:** \_\_\_\_\_

**phone:** \_\_\_\_\_

**NSHA site where research will be conducted:** \_\_\_\_\_

**Site Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**City:** \_\_\_\_\_ **Prov:** Nova Scotia **Postal Code:** \_\_\_\_\_

**Co-Applicant(s):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Role:**

**Supervisor/mentor name:** \_\_\_\_\_  
*(for Categories 3 & 4 only)*

Is ethics approval required for this research study? Yes No  
Unsure if your project requires ethics approval? Contact [ken.jenkins@nshealth.ca](mailto:ken.jenkins@nshealth.ca) 902- 473-8426

## Conditions of Agreement

I understand that when I accept a Nova Scotia Health Authority Research Fund grant, I have entered into an agreement requiring that:

- I will observe the stipulations set by [Nova Scotia Health Authority research policies and procedures](#), and any other applicable guidelines and
- I have read and am in agreement with the content of the [Nova Scotia Health Authority Research Fund Guide](#)

## Signatures

- Type the names of the required signatures in the first column below.
  - Gather signatures manually (physically sign below and then scan the page) **OR**
  - Gather signatures electronically ([request electronic signatures](#))

	Name (typed)	Signature ( <i>manual or electronic</i> )
<b>Applicant</b>		
<b>Co-applicant(s)</b>	<b>1.</b>	
	<b>2.</b>	
	<b>3.</b>	
	<b>4.</b>	
	<b>5.</b>	
	<b>6.</b>	
<b>Supervisor *</b> (Category 3 only)		
<b>Mentor **</b> (Category 4 only)		
<b>Department or Division Head</b> or <b>Health Services Manager</b>		
<b>Expert Reviewer***</b>		

**\*Supervisor (required for Category 3 only):** Signature confirms that your supervisor takes responsibility for this submission. Your supervisor is expected to read the application, offer substantive feedback to you (the trainee) where required and to approve its content.

**\*\*Mentor (required for Category 4 only):** Signature confirms that your mentor has completed a thorough examination of the proposal’s scientific merit, feasibility and the appropriateness of the budget and has provided this feedback to you.

**\*\*\*Expert Reviewer:** The Expert Reviewer cannot be a co-applicant, department or division head or health services manager. An Expert Reviewer does not have to be from NSHA and is someone who can review the proposed research and give informed feedback on feasibility, novelty, and scientific/clinical impact. An expert reviewer is required for all applications.

**Budget Summary & Justification**

**You must justify all items in your budget.** Fill in the blanks below and provide additional details below or by attaching pages such as price quotes as appendices.

Budget Item	Amount	Details
A. Personnel		
B. Equipment		
C. Materials & supplies		
D. Knowledge translation & dissemination		
E. Other (ie: hospital services, transcription, data access etc...)		
<b>Total</b>		

**Funding Agencies**

Have you applied to/obtained funding for the proposed research from other agencies?  Yes  No

If yes, state the name(s) of the agency below and attach the summary budget page(s).

Agency Name(s)	Total Amount Requested

**Sources of Funding**

List all sources of current research funding, including pending applications. Note any overlap that may exist with the present grant application. Where potential overlap exists, justify this overlap or state what will be done, if duplicate funding is received. *Please note, this is to confirm the funding history/experience of applicants and/or his/her supervisor/mentor*

Funding Source	Dates	Status	Budget	Details