



Canadian Chapter of
International Society for
Complementary Medicine Research

**2019 Canadian CAM
Research Fund (CCRF)**

**Application Form
Deadline : June 2, 2019**

SECTION 1 – GENERAL INFORMATION

1.1 Project Title:

1.2 Principal Applicant(s)

Provide the following information for all principal applicant(s)

Name:

E-mail:

Mailing Address:

Phone:

Institutional affiliation:

1.3 Co-applicants

Complete the following information for all co-applicant(s)

Name:

Institutional affiliation:

Name:

Institutional affiliation:

Name:

Institutional affiliation:

Name:

Institutional affiliation:

Name:

Institutional affiliation:

Name:

Institutional affiliation:

1.4 Collaborators

Complete the following information for all co-applicant(s)

Name:

Institutional affiliation:

Name:

Institutional affiliation:

Name:

Institutional affiliation:

Name:

Institutional affiliation:

Name:

Institutional affiliation:

1.5 Is this project a thesis or dissertation project? (check one) Yes _____ No _____

If yes, provide the following information:

Student's name:

Degree being sought:

Supervisor's name:

1.6 Principal Applicants' Institution:

Please provide the following information for the institution where the research grant (if received) would be held:

Institution name:

Address:

Name of Grant Administrator:

Contact for Grant Administrator (email preferred):

SECTION 2 – PROJECT INFORMATION

Instructions: Please complete the following sections in this word document and submit a single .pdf document (do not submit separate word documents).

2.1 Ethics Approval

Has this project received ethical approval? (please check one): **Yes** ____ **No** ____

If yes, please submit a copy of the ethics approval as part of the application package.

If ethics approval is not required for the proposed project, please provide a brief rationale (max. 200 words) or letter from the ethics office:

Please note: funds will not be released until information regarding ethical approval is sent to incam.info@iscmr.org

2.2 Research Priorities

Briefly identify how the proposed project fits in with the research priorities of the CCRF. Maximum words: 250.

2.3 Project Description

Provide a clear description for the proposed study. Maximum word count: 2000. The following sections must be included:

- Background
- Rationale
- Objective(s)/research question(s)
- Research Design and Methodology, including analysis plan
- Significance of the study

[Empty rectangular box for application content]

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the applicant to provide details of their research proposal.

2.4 Information Dissemination Plan

Provide a brief outline of how the research results will be disseminated. Maximum word count: 250.

2.5 Proposed Budget

The total amount of funding requested: \$

Please provide a detailed budget, indicating how the requested funds will be allocated, including a cost break down per item. Maximum: 1 page.

Please note: expenses for PI and CO-applicant salaries, membership fees and indirect institutional costs are NOT eligible budget items.

Knowledge translation activities (eg. conference travel or conference fees) cannot exceed 20% of the overall budget request from CCRF.

2.6 Lay Summary

Provide a brief lay-word summary of the proposed project suitable for a press release. Maximum word count: 75.

2.7 Supporting Documents (*required*)

Reference list

[Empty box for attachments]

- Short curriculum vitae of PI(s) (maximum: 4 pages per PI, to be appended to the final pdf document).
- Significant contributions or publications (maximum: list of maximum 5 items per applicant, to be appended to the final pdf document).

2.8 Additional Information (optional; reviewers are not required to read supporting materials)

Indicate the supporting documents that are being submitted with this application:

- Data collection instruments (e.g. questionnaire, interview guide, outcome measure). Please list:

-
-
-
-

- Supporting letter(s). Please list from whom:

-
-
-

- Other. Please list:

-
-
-
-

SECTION 3: SIGNATURE SHEET

Instructions: For the application to be considered complete, all individuals identified in Section 1 must be indicated and provide signatures. Add lines as needed. In addition, the name and signature of the Department or Division Head of the sponsoring institution must be provided. The Signature Page may be scanned and emailed with the rest of the application.

Name of Principal Applicant

Signature

Date

Name of Co-applicant

Signature

Date

Name of Co-applicant

Signature

Date

Name of Co-applicant

Signature

Date

Name of Co-applicant

Signature

Date

Name of Co-applicant

Signature

Date

Name of Co-applicant

Signature

Date

_____ Date

Name of Collaborator

Signature

Date

_____ Date

Name of Collaborator

Signature

Date

_____ Date

Name of Collaborator

Signature

Date

_____ Date

Name of Collaborator

Signature

Date

_____ Date

Name of Collaborator

Signature

Date

_____ Date

Name of student's Supervisor
(if applicable)

Signature

Date

_____ Date

Name of Department or
Division Head

Signature

Date

**Please submit your complete application to incam.info@iscmr.org,
By June 2, 2019, 11:59pm (ET).**

Please contact Isabelle Gaboury Isabelle.Gaboury@USherbrooke.ca if you have questions

For office use ONLY

Date application package was received in the office: _____

Received by: _____