



Canadian Cancer
Research Alliance
Alliance canadienne
pour la recherche sur le cancer



Patient Involvement in
Cancer Research Program
Programme de Participation des Patients
à la recherche sur le cancer

2021 PIP SMALL RESEARCH GRANT APPLICATION

To optimize completion of this form, please use Adobe Acrobat Reader.

Section 1: APPLICANT INFORMATION

Full name (first, middle, last):

Highest degree attained:

Primary Email:

Primary Phone #:

Primary Institutional/Organizational Affiliation:

Mailing Address:

Co-applicants* (where relevant, up to a maximum of 10):

Last Name	First Name	Role (select one per row)	Patient Partner	Email

*Co-applicants are defined as the individuals who contribute to the intellectual or scientific direction of the proposed work and have responsibility for the direction of the proposed activities. This list should identify patient partners.

SIGNATURES

Provide your signature and the signature of the designated institutional representative (e-signatures are accepted).

Applicant signature:	Institutional/organizational signatory:
<p>X _____</p>	<p>X _____</p>

If you are a trainee, include a signature of your primary supervisor and co-supervisor (where relevant).

Signature of Primary Supervisor:	Signature of Co-Supervisor:
<p>X _____</p>	<p>X _____</p>

Section 2: PLAIN LANGUAGE DESCRIPTION OF THE PROPOSED PROJECT

There is no word limit, but proposals must keep to a two-page limit. Ensure that responses do not exceed the size of the text box. Avoid technical jargon.

Title:

Research Question:

Research need: *How will this project address a relevant evidence gap or help to inform further hypothesis generation/research. If this grant will be a supplement to an existing research effort, the specific portion of the research identified as being made possible by this grant must be clearly stated.*

Methodology: *Provide a brief (bulleted) summary of the methodology.*

Patient engagement approach: *Specify how, when, and where involvement will occur and the number of people involved, including how patients will be recruited and supported to contribute in a meaningful way.*

Section 2: PLAIN LANGUAGE DESCRIPTION OF THE PROPOSED PROJECT (continued)

Expected outcomes:

Proposed impacts: *Identify the potential applications, relevance, and benefits of the project.*

References: *Provide a short list of relevant, pivotal literature/evidence being used to guide this proposal. ICMJE or equivalent citation styles are acceptable.*

Section 4: PROJECT BUDGET

A budget breakdown with justification for each requested item (up to a maximum of 18) must be provided and fall within the Eligible Expenses listed in the 2021 PIP Small Grant Guidelines. Explain how the funds will be used and why they are needed. As per the Guidelines, institutional overheads and indirect costs are not covered by this grant.

Item/Description	Amount (CAD\$)	Justification
TOTAL		

If the budget required for the project is above the \$15,000 maximum amount awarded through this grant, please explain how additional funds will be obtained.

If the budget for this project will be leveraged support to an existing grant, provide the title, granting organization, and timeframe for this other grant.

Submit a completed, signed and saved PDF (please use your name in the filename) by September 22, 2021 (Midnight PST) to Kim Badovinac at kimberly.badovinac@partnershipagainstcancer.ca.