# CCRA-PIP Logo

## SECTION 1: APPLICANT INFORMATION, PROPOSED TEAM & SIGNATURES

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Name:** |  |  | | |  | Preferred Salutation: |  |
|  | Last | First | | | M.I. |  |  |
| Affiliation: |  |  | | |  | | |
| Primary Institution/Organization | Department(s)/Division(s) | | | Faculty |  | |
| Title(s): |  | | | | | | |
| Degree(s)/  Qualifications: |  | | | | | | |
| Phone: |  | | Email: |  | | | |
| Mailing Address: |  | | | | | | |

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| **Primary Supervisor:** | |  |  | | |  | Preferred Salutation: |  |
|  | | Last | First | | | M.I. |  |  |
| Affiliation: | |  |  | | |  | | |
| Primary Institution/Organization | Department(s)/Division(s) | | | Faculty |  | |
| Title(s): |  | | | | | | | |
| Phone: |  | | | Email: |  | | | |

**PROPOSED TEAM MEMBERS** *(add rows as required). If patient partners will be recruited as part of this project, please indicate.*

| **Last Name** | **First Name** | **Role** *(check one per person)* | | | **Email** |
| --- | --- | --- | --- | --- | --- |
| Patient Partner | Co-Applicant | Other Supervisor |
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**SIGNATURES**

Provide your signature, the signature of the designated organizational representative and the signature of your primary supervisor.

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| --- | --- | --- | --- |
| Your Signature: |  | Date: |  |
| Institutional/  organizational Signature: |  | Date: |  |
| Primary Supervisor Signature: |  | Date: |  |

## SECTION 2: RESEARCH PROPOSAL

|  |  |
| --- | --- |
| **Project Title:** |  |

**Lay Summary** [maximum 200 words English; 240 words French.]

**Description/Project Proposal** [maximum 500 words English; 600 words French. References are not included in this word count. Please limit to key references.]

**Note:** You will be assessed on the readability of your proposal. Ensure that your description is clearly written and accessible. Please include: an introduction/background, objective/purpose, research question(s), methodology, expected outcome(s), approach to data analysis, and potential applications/outcomes/benefits of the research.

## SECTION 3: PATIENT PARTNER ENGAGEMENT

How many patient partners have/will be engaged in this research?

How have/will patient partners be recruited? Have/will efforts be made to engage diverse voices?

How have/will patient partners be compensated and acknowledged?

**Details of Patient Engagement**

*Please elaborate on the way(s) in which patient partners/people with lived and living cancer experience have/will be engaged in the proposed project. Check the relevant area and provide a description of the how.*

|  |  |  |
| --- | --- | --- |
|  | **AREA** | **DESCRIBE** |
|  | Research question(s) |  |
|  | Study design |  |
|  | Grant application/research proposal |  |
|  | Participant recruitment |  |
|  | Research execution |  |
|  | Data analysis |  |
|  | Interpretation of findings |  |
|  | Dissemination of findings |  |
|  | Other (specify) |  |

*Adapted from: van Ham CR, Burgers VWG, Sleeman SHE, Dickhout A, Harthoorn NCGL, Manten-Horst E, van Eenbergen MC, Husson O. A qualitative study on the involvement of adolescents and young adults (AYAs) with cancer during multiple research phases: "plan, structure, and discuss". Res Involv Engagem. 2022 Jul 8;8(1):30.* [*https://doi.org/10.1186/s40900-022-00362-w*](https://doi.org/10.1186/s40900-022-00362-w)

## SECTION 4: PROJECT TIMELINE

*A timeline for the key steps in the proposal should be provided. This is a one-year grant. Start date will be December 1, 2023 and end date will be November 30, 2024. You will be assessed on the feasibility of this work plan. Add or delete rows as needed.*

| **Key Steps** | **Start Date** | **End Date** | **Notes** |
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## SECTION 5: PROJECT BUDGET

*Please provide a budget for the project. Eligible expenses are outlined in the grant guidelines. Institutional overheads and indirect costs are not covered. The Grant Guidelines list relevant resources.*

| **Item/Description** | **Amount (CAD$)** | **Justification** |
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**Additional Funds**

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.

**Existing Funding**

If this budget builds on an existing grant or current funding support (including salary support), please provide the details of this funding (i.e., funding sources and amounts).

*Please save this document with your name as part of the filename. Submit the completed and signed document by*

***July 17, 2023 (Midnight PST)*** *to Kim Badovinac at* [*kimberly.badovinac@partnershipagainstcancer.ca*](mailto:kimberly.badovinac@partnershipagainstcancer.ca)*.*

## SECTION 6: OPTIONAL APPLICANT SELF-IDENTIFICATION

CCRA recognizes that systemic bias exists in the research/awards adjudication process. Personal identifiers will be stripped from your applications before being reviewed in the first phase of the adjudication process.

To further support an equitable, diverse, and inclusive research enterprise, the following self-identification questions may be completed. This information **will not** be shared with PIP participants but applied after the first-phase ratings have been submitted. Up to two additional points (based on responses to the self-identification questions) will be added in advance of the selection of top-rated applicants for the second phase review. Completion of these questions is voluntary.

To mark a box, double-click on the appropriate box and indicated ‘Checked.’

|  |  |
| --- | --- |
|  | *I have completed questions related to self-identity (voluntary) and agree that it will be used in the adjudication process.* |

Select the option that best describes your current gender identity.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gender-fluid | Man | Nonbinary | Trans man | Trans woman |
| Two-spirit | Woman | I don’t identify with any option provided | Prefer not to answer | I identify as: |

Do you identify as Indigenous, that is, First Nation (North American Indian), Métis or Inuk (Inuit)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Nation | Inuit | Métis | Prefer not to answer | I identify as: |

*The Employment Equity Act defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.*

Do you identify as a member of a visible minority in Canada as described in the Act?

|  |  |  |
| --- | --- | --- |
| Yes | No | Prefer not to answer |

*The Accessible Canada Act defines disability as “any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment—or a functional limitation—whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person’s full and equal participation in society.”*

Do you identify as a person with a disability as described in the Act?

|  |  |  |
| --- | --- | --- |
| Yes | No | Prefer not to answer |

Last revised: 2023-Mar-31