

**COLLABORATIVE RESEARCH & INNOVATION OPPORTUNITIES (CRIO)
 POPULATION RESILIENCY FULL APPLICATION FORM
 Submission Deadline: October 31, 2014 at 4:00pm**

Applications will be accepted if they are sent by overnight courier by 4:00pm on the day of the deadline

Please refer to the CRIO Population Resiliency Full Application Instructions and CRIO Program Guide
<http://www.aihealthsolutions.ca/grants/crio/>

Section 1: Proposal and Personal Data **Use additional pages if required**

A) Collaborative Research Proposal Title

B) Targeted Area of Research and Innovation (Please select one or both)

Aboriginal Populations **Child and Youth Populations**

C) Type of Collaborative Research (Please select one)

Please see the CRIO Population Resiliency Program Guide for minimum membership requirements for each type of Collaborative Research

Project **Program** **Team**

D) Personal Data

Must be completed for Collaborative Lead and Collaborative Co-lead(s). Please refer to Section 3 for Collaborative Members.

Collaborative Lead

Name:		Signature:	
Title:		Affiliation (Organization):	
Complete mailing address:	Office: xxx-xxx-xxxx		
	Fax: xxx-xxx-xxxx		
	E-mail address:		

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Collaborative Co-Lead (if applicable)

Name:		Signature:	
Title:		Affiliation (Organization):	
Complete mailing address:	Office: xxx-xxx-xxxx		
	Fax: xxx-xxx-xxxx		
	E-mail address:		

Collaborative Co-Lead (if applicable)

Name:		Signature:	
Title:		Affiliation (Organization):	
Complete mailing address:	Office: xxx-xxx-xxxx		
	Fax: xxx-xxx-xxxx		
	E-mail address:		

Collaborative Co-Lead (if applicable)

Name:		Signature:	
Title:		Affiliation (Organization):	
Complete mailing address:	Office: xxx-xxx-xxxx		
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	E-mail address:		

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Section 2: Organization Signatures: Complete the necessary signatures for the Collaborative Lead's organization/institution

This application may be executed in one or more counterparts, all of which when taken together shall constitute a fully executed version of this application. This application or a counterpart thereof may be executed and delivered by facsimile or electronic transmission and the facsimile or electronic transmission of a signature to another Party or Parties (or to their respective solicitors) shall be of the same force and effect as the delivery of an original signature.

AIHS supports Alberta research organizations/institutions in their efforts to promote and ensure the highest standards of research and scholarship practice and behaviour. By his/her signature below, the applicant asserts that this application adheres to all research policies and procedures in place at his/her institution, including those regarding integrity in research and scholarship. AIHS reserves the right to confirm this assertion through independent means. AIHS wishes to alert applicants to the consequences of misrepresentation in this application, including misrepresentations of authorship, credentials or research support. In the event of material deviations of the information in this application from reference sources, including citation sources (in the case of authorship), issuing organization(s) (in the case of credentials), or granting agencies (in the case of research support), AIHS reserves the right to disqualify the applicant for the competition in question. Further AIHS actions may include disqualifying the applicant from future AIHS competitions for a time period to be set at AIHS's sole discretion, withdrawal of any remaining installments of support for any existing AIHS grant or award for which misrepresentation appears in the submission, and seeking partial or full repayment of any past financial support under any AIHS grant or award for which misrepresentation appears in the submission.

	Signature	Printed Name	Date (YY/MM/DD)
Collaborative Lead			
Organization/Institution Delegated Authority (e.g. Dean, Associate Dean or Corporate Officer or equivalent)			
Institution/Organization that will Administer the Award (e.g. Director, Research Services Office or equivalent)			

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Section 3: Collaborative Member(s): Use additional copies of this page if necessary

Collaborative Member	Title and Primary Affiliation	Identification of Role(s): A) Researcher. Define your expertise and/or discipline(s); specify research pillar(s) as defined in the application instructions B) Knowledge/End-user (as defined in the instructions)	Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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Section 4: Significance and Relevance Summary

Provide a summary of the proposed research activities in plain language that would be accessible to a general audience and clearly communicates the significance and relevance of the proposed activities as they relate to the identified priorities outlined in the Program Guide. Use analogies, simplifications and generalizations rather than scientific and technical terms. Do not exceed the space below.

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Section 5: Detailed Proposal

Attach a clear outline of your research proposal using the headings in the Application Instructions. A maximum of 12 pages may be used (does not include references). As a single appendix, you may attach a maximum of 5 additional pages that include figures, charts, tables, graphs or surveys/questionnaires. Figure legends are limited to five lines. This section must be completed using 12 pt. font and all margins should not be less than 0.5 inches. Also, please provide a table which lists the disciplines involved and the investigators for each discipline. This table is in addition to the 12 page Detailed Proposal and appendix. If the group wishes to provide colour figures, charts, tables or graphs to the review committee, five copies of each figure/chart/table/graph must be included with the application submission. Black and white copies of the figures will be provided to the review committee if the additional coloured copies are not provided.

Section 6: Summary Research Management Plan (in addition to the Detailed Proposal)

Attach a description of your Research Management Plan using the headings outlined in the Application Instructions. This summary must be completed using 12 pt. font and should not exceed 2 pages not including figures, charts, tables or graphs. Any figures, charts, tables or graphs associated with the Research Management Plan can be included as an appendix and cannot exceed 2 pages. All figure/chart/table/graph legends are limited to five lines. All margins should not be less than 0.5 inches. In addition to the two-page Summary Research Management Plan and appendices (maximum 2 pages), a Gantt chart summarizing the milestone schedule should also be provided. An example of a Gantt chart is provided in Appendix 1 of the Full Application Instructions. If the group wishes to provide colour figures, charts, tables or graphs to the review committee, five copies of each figure/chart/table/graph must be included with the application submission. Black and white copies of the figures will be provided to the review committee if the additional coloured copies are not provided.

Section 7: Knowledge Transfer and Exchange Plan (in addition to the Detailed Proposal)

Include a Knowledge Transfer and Exchange Plan using the headings outlined in the Application Instructions. This section must be completed using 12 pt. font and should not exceed 2 pages not including figures, charts, tables or graphs. Any figures, charts, tables or graphs associated with this section can be included as an appendix but cannot exceed 2 pages. All figure/chart/table/graph legends are limited to five lines. All margins should be not less than 0.5 inches. If the group wishes to provide colour figures, charts, tables or graphs to the review committee, five copies of each figure/chart/table/graph must be included with the application submission. Black and white copies of the figures will be provided to the review committee if the additional coloured copies are not provided.

Information deemed additional to the application may be removed without notification to applicant(s) and/or affiliated organization(s).

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Section 8: Detailed Budget

A) Funds Requested

In addition to the budget table, please provide a detailed justification for each of these main categories. Provide this on separate pages using 12 pt. font. All margins should not be less than 0.5 inches. The budget table is to outline the use of **AIHS funding only**.

Total Funds Requested from AIHS (do not include other funding resources)	Year 1	Year 2	Year 3	Total Amount
1. Direct investigator support (release time payments)				
2. Trainee support				
3. Research associates / technicians / etc.				
4. Management / administration				
5. Other personnel				
6. Major equipment (>\$10,000)				
7. Major research initiatives/projects				
8. General supplies and minor equipment				
9. Communications / networking				
10. Knowledge dissemination				
11. Other Costs (list i) ii) iii)				
Total (items 1 to 11)				
Other funding applied for or received for the proposed research activities or directly connected research. List amount, agency and funding status. Provide detailed description as outlined below.				

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B) Funding Partners

If applicable, please append details regarding the partnerships you have developed to complete the proposed research activities (i.e. funding agency or source, amounts applied for or received, period of award, in-kind contributions, and description of overlap/complementarity to current application, etc.) or directly related research. This information must be provided using 12 pt. font and all margins should not be less than 0.5 inches.

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Biographical Sketch Form

Provide the following information for each of the Collaborative Lead, Co-Lead(s) and Member(s) listed in sections 2) and 3). Attach the Collaborative Lead and Co-Lead(s) first followed by the Collaborative Member(s). A maximum of four pages (excluding this information cover page) may be used per Collaborative Lead, Co-Lead(s) and Member(s).

NAME and COLLABORATIVE ROLE (Collaborative Lead, Co-Lead, Member)		INSTITUTION/ORGANIZATION AND POSITION TITLE	
COMPLETE MAILING ADDRESS			
EDUCATION / TRAINING / RELEVANT WORK EXPERIENCE (List only work experience relevant to the proposed research activities)			
Institution and Location	Degree (if applicable)	Year	Field of Study

The attached biographic sketch information may not exceed a total of **four pages (excluding this information cover page)**. The additional pages must be completed using 12 pt. font and margins not less than 0.5 inches. **Please Note:** Only the first four pages, along with this information cover page, will be included for each biographical sketch.

The following additional information is to be provided according to the following headings:

- A. Personal Statement.** Briefly describe why your experience and qualifications make you particularly well-suited for your role (e.g. Collaborative Lead, Co-Lead, Collaborative Member, Knowledge/ end-user) in the proposed research activities.
- B. Selected Peer Reviewed Publications (if applicable).** Please limit list to peer-reviewed publications or manuscripts published or in press only. Do not list those that are in preparation or submitted. List only the most recent or relevant publications if space is an issue.
- C. Contributions to your Field.** This may include presentations, interviews, or publications (newspaper, magazine, peer reviewed scientific research, etc.).
- D. Other Outputs Relative to the Collaborative Team’s Proposed Research Activities.** This may include advisory committees, government reports, clinical practice guidelines, patents, knowledge exchange activities, etc.
- E. Research Support.** List both on-going and completed research projects for the last five years. List project title, funding source, period of support, amount funded, and your role in the project (Collaborative Lead, Co-Lead, PI, Co-PI, Collaborative Member, Knowledge/ end-user, etc.).

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Section 11: Letters of Support

As outlined in Application Instructions, letters of support that demonstrate engagement, endorsement, or co-operation from groups such as key knowledge/end-users, partners, or stakeholders may be included in the application. Letters of support should be included with careful consideration and should not be too numerous. Please note letters of support are not to include additional information for the detailed proposal and are not to include charts or figures.

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When complete, submit **1** copy of the **full application** form and five copies of all colour figures, charts, tables or graphs that should go to the review committee by mail to:

**Programs Department
ALBERTA INNOVATES – HEALTH SOLUTIONS**
Suite 1500, 10104 – 103 Avenue, Edmonton, AB T5J 4A7
Phone: (780) 423-5727 Fax: (780) 429-3509
Email: grants.health@albertainnovates.ca

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Electronic submissions are not permitted