

## Background

### Applicant Information

(Carefully read the instructions before completing this form)

#### 1. Applicant Information

Your User Profile information appears below however this section should indicate where the research described within this proposal will take place (change as necessary). NOTE: Your User Profile is always considered your current mailing address.

- |                   |          |                          |                          |                          |                            |
|-------------------|----------|--------------------------|--------------------------|--------------------------|----------------------------|
| a. Applicant Name | Title    | <input type="radio"/> Dr | <input type="radio"/> Mr | <input type="radio"/> Ms | <input type="radio"/> Prof |
| b. Institution    |          |                          |                          |                          |                            |
| c. Department     |          |                          |                          |                          |                            |
| d. Address 1      |          |                          |                          |                          |                            |
| e. Address 2      |          |                          |                          |                          |                            |
| f. Address 3      |          |                          |                          |                          |                            |
| g. Address 4      |          |                          |                          |                          |                            |
| h. Country        |          |                          |                          |                          |                            |
| i. City           | Province |                          |                          | Postal Code              |                            |
| j. Phone          | Ext      |                          |                          | Fax                      |                            |
| k. e-Mail Address |          |                          |                          |                          |                            |
| l. Designation    |          |                          |                          |                          |                            |

#### 2. Project Information

The title entered when the application was created is indicated. Please enter the FULL title of your research project if it is not complete. In addition, ensure the end date of your project is updated.

- |  |                           |                          |
|--|---------------------------|--------------------------|
| a. Project Title   |                           |                          |
| b. Is Financial Institution the same as the Research Institution? (Please select Yes or No)  | <input type="radio"/> Yes | <input type="radio"/> No |
| c. If No, provide Financial Institution name   |                           |                          |
| d. Project Start Date  | End Date                  |                          |
| e. Amount of Funds Requested   | Project Cost              |                          |
| f. Grant category (Please select one from list)  |                           |                          |
| <input type="radio"/> Research Grant   |                           |                          |
| <input type="radio"/> New Investigator   |                           |                          |
| g. Type of application. Note: maximum 1 application allowed  |                           |                          |
| <input type="radio"/> Initial Application  |                           |                          |
| <input type="radio"/> Re-application   |                           |                          |
| <input type="radio"/> Renewal - Indicate previous grant # :  |                           |                          |
| h. The applicants confirm (by choosing "Yes") that as of June 25, 2016 there is no substantial (more than 50%) overlap with any pending application to any other CCSRI program |                           | _____                    |
| i. Indicate the number of years of support requested (up to 4 years)   |                           | _____                    |
| j. Is this application being submitted in French? (Note that all review panels are conducted in English.) (Please select Yes or No)  | <input type="radio"/> Yes | <input type="radio"/> No |

**3. Participants**

Enter the Financial Officer and any Co-Principal investigator, Co-Applicant and Additional Author information applicable to your application. If a participant is an EGrAMS user, use the lookup feature and enter their e-mail address in the field provided as the search criteria. The form will be auto-populated with their contact information as it appears in their user profile. Please attach a curriculum vitae for all participants (excluding the Financial Officer), please use the following format: [lastname\_firstname-CV].

## a. Additional Author

Name

Title

Institution

Department

Address 1

Address 2

Address 3

Address 4

Country

City

Province

Postal Code

Telephone

Fax

E-Mail Address

## b. Co-Applicant

Name

Title

Institution

Department

Address 1

Address 2

Address 3

Address 4

Country

City

Province

Postal Code

Telephone

Fax

E-Mail Address

## c. Co-Principal Investigator

Name

Title

Institution

Department

Address 1

Address 2

Address 3

Address 4

Country

City

Province

Postal Code

Telephone

Fax

E-Mail Address

## d. Financial Officer

Name

Title

Institution

Department

Address 1

---

Address 2  
Address 3  
Address 4  
Country  
City Province Postal Code  
Telephone Fax  
E-Mail Address

SAMPLE

## Applicant info

### 4. Principal Investigator CV

Attach your abbreviated CV in PDF format. It should include the following information: academic degrees; details of employment since graduation; list of publications during the last 5 working years; and grant support in the past 5 years. Please see the Application Guide for more details. NOTE: For the file name, please use the following format: [lastname\_firstname-CV]. The CCSRI is not a member organization of the Common CV Network, therefore the Common CV should not be used due to Common CV use restrictions.

### 5. Letters of collaboration

Attach a single PDF document containing all letters of collaboration from any participants not named on the grant. NOTE: For the file name, please use the following format: [lastname\_firstname-collaboration].

### 6. Stage of career development (optional)

This section is optional and the information you provide is for office use only.

Please indicate below if this is:

Your first application for a research grant to the Canadian Cancer Society Research Institute  Yes  No  
(Please select Yes or No)

Your first application for a research grant specifically in the area of cancer research (Please select Yes or No)  Yes  No

Your first application for a research grant as an independent investigator (Please select Yes or No)  Yes  No

### 7. Biographical information (optional)

This section is optional and plays no part in the review or funding of an application. The data is used for statistical and communications purposes only.

Gender

Male

Female

Date of birth - month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Birth city \_\_\_\_\_ Birth province \_\_\_\_\_ Birth country \_\_\_\_\_

City raised \_\_\_\_\_ Country raised \_\_\_\_\_

Language(s) spoken \_\_\_\_\_

Citizenship \_\_\_\_\_





## Public summary

### 10. Public summary - project summary

Provide 2-3 sentences (maximum of 750 characters, including spaces) summarizing the proposal in simple, easy-to-understand, non-technical language, e.g. "Dr X is working to..." or "Dr X will be studying..."

### 11. Public summary - previous research

In 3-5 sentences (maximum of 1000 characters, including spaces), briefly describe in simple, easy-to-understand, non-technical language the current knowledge of this research area, any preliminary work and the context for the proposed study.

### 12. Public summary - project description

In 3-5 sentences (maximum of 1000 characters, including spaces), describe in simple, easy-to-understand, non-technical language the project's rationale, methods and research objectives.

### 13. Public summary - impact and relevance statement

Detail in 3-5 sentences (maximum of 1000 characters, including spaces) how your studies will contribute to the reduction of cancer incidence rates for Canadians and/or cancer mortality rates for Canadians and/or enhanced quality of life for Canadians living with and beyond cancer.

**Abstract****14. Scientific abstract**

Provide a detailed summary of your research project (maximum of 4200 characters, including spaces), stating the problem to be investigated, the objectives of the investigation, the methodology to be used, as well as the significance of the research to cancer.

**15. Keywords/Technical terms**

Provide up to a maximum of ten specific keywords or descriptive technical terms/methodologies that best describe the scientific and technical aspects of your project. NOTE: Enter one keyword or technical term per line.

Keyword/Technical terms

**16. Responsiveness statement**

Provide a statement (maximum of 1000 characters, including spaces) addressing the appropriateness of the application to this funding opportunity.



## Proposal

### 17. Re-applications and renewal applications

#### 17.a. Response to previous critique (re-applications only)

If you are submitting your proposal as a re-application, provide a response (maximum of 2100 characters, including spaces) indicating what improvements have been made as a result of the critiques from the last competition review panel.

#### 17.b. Scientific Officer and reviewer reports (re-applications only)

If you are submitting your proposal as a re-application, attach the scientific officer's report and unabridged reviews from the panel review in PDF format. NOTE: For the file name, please use the following format: [lastname\_firstname-previous\_reviews].

#### 17.c. Scientific progress report (renewals only)

Reminder: You are eligible to submit a Renewal application only if you are currently the holder of a fully-funded CCSRI Prevention Research Grant and if the new proposal is a logical continuation of the current fully-funded grant.

Provide a scientific progress summary (maximum of 6300 characters, including spaces) describing the research that has been performed since submission of the last application. The descriptions must be presented in sufficient detail and included enough discussion to permit proper evaluation by scientific experts of the research performed.

#### 17.d. Non-Scientific ("Lay") Progress Report (renewals only)

Applicants renewing existing funding must provide a progress report (maximum of 2100 characters, including spaces) covering the previous granting period that is fashioned in easy-to-understand, non-technical terms aimed at a non-scientific audience.

#### 17.e. List of directly supported publications and reprints (renewals only)

Provide a list of publications that were a direct result of the current CCSRI Prevention Research Grant for which you are requesting renewal.





**Budget**

Description	0	1	2	3	Total
<b>DIRECT EXPENSES</b>					
<b>Program Expenses</b>					
1	<b>Supplies and Expenses</b>				
2	<b>Salaries and Wages</b>				
<b>Total Program Expenses</b>	0.00	0.00	0.00	0.00	0.00
<b>Equipment</b>					
1	<b>Permanent Equipment</b>				
<b>Total Equipment</b>	0.00	0.00	0.00	0.00	0.00
<b>TOTAL DIRECT EXPENSES</b>	0.00	0.00	0.00	0.00	0.00
<b>TOTAL EXPENDITURES</b>	0.00	0.00	0.00	0.00	0.00

## Budget summary for Prevention Research Grants - 2016

3/31/2016

<b>Description</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Total</b>
Supplies and Expenses	0.00	0.00	0.00	0.00	0.00
Salaries and Wages	0.00	0.00	0.00	0.00	0.00
Permanent Equipment	0.00	0.00	0.00	0.00	0.00
<b>TOTALS</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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## Other funding

### 27. Summary of other funding applied for and received

List all grants currently being applied for, pending, about to be submitted and all grants received, for the entire period covered by this application, for the Principal Investigator and each Co-Principal Investigator. Your documentation should include a list followed by the abstracts for all grants/applications listed and should be submitted in PDF format. Consult the Application Guide for complete instructions, including the correct format. If there are no pending grants to list, indicate by including N/A in the Pending grants section. Applications with missing other funding information or abstracts will be considered incomplete. NOTE: For the file name, please use the following format: [lastname\_firstname-other\_funding]

### 28. Other funding confirmation

The applicants confirm that the attached list contains all required information including  Yes  No the percentage overlap for each grant and abstracts, as described in the Application Guide.

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## Review panel

### 29. Panel recommendation

All applicants in this competition will be reviewed by the following panel:

- a. Selected Panel  
 PRG - Prevention Research Grants Panel
- b.

### 30. Reviewer recommendation

Applicants must suggest the names of at least 3 (5 if submitting application in French) impartial reviewers with the necessary expertise to critically evaluate the application and with whom you do NOT collaborate.

Name	Department	Institution	Phone no.	E-mail address	Areas of expertise

### 31. Reviewer exclusions

Applicants may suggest individuals they prefer NOT be contacted as potential reviewers (panel members and/or external reviewers). The reason for exclusion (e.g. collaborator, colleague, competitor) should be given. NOTE: any exclusions you list will be viewable to all panel members assigned to review your application.

Name	Reason for exclusion

## Tracking

### 32. Research tracking information

#### 32.a. Research focus

Responses are to be limited to the scope of the proposed research for the duration of the proposed term. This information is used solely for statistical/reporting purposes and will not be used as part of the scientific review of the application. Select the research focus of the proposal.

I. SECTION I - Research focus (select ONE only)

Biomedical Research

Clinical Research

Health Services/Systems Research

Social, Cultural, Environmental and Population Health

#### 32.b. Research subject

Select the research subject(s).

II. SECTION II - Research subject (select ONE or MORE)

**Patients/Study Population**

Adult

Pediatric

**Patient Tissue**

Adult

Pediatric

**Model System**

Mouse

Drosophila

C. elegans

Zebrafish

Yeast

Other

**Cell System**

hESC

Tumour Initiating Cell

Non-embryo-derived stem cells (eg. iPS cells)

#### 32.c. Cancer site relevance

Select a maximum of 3 cancer sites where the research will be most relevant. Indicate the degree of relevance (percentage). The total should equal 100%. Only use the Details description field to describe the site if you have selected Other as a site.

Note: Do not enter a % sign with your percentage, only enter the number.

III. SECTION III - Cancer site relevance

Cancer site relevance	Percentage	Details

#### 32.d. Common Scientific Outline (CSO)

Select a maximum of 3 codes which best describe the research. Full details of the Common Scientific Outline can be found at the International Cancer Research Portfolio website (<https://www.icrpartnership.org/CSO.cfm>).

IV. Section IV - Common Scientific Outline (CSO)

**Biology**

1.1 - Normal functioning



- 1.2 - Cancer initiation: alterations in chromosomes
- 1.3 - Cancer initiation: oncogenes and tumour suppressor genes
- 1.4 - Cancer progression and metastasis
- 1.5 - Resources and infrastructure

**Etiology**

- 2.1 - Exogenous factors in the origin and cause of cancer
- 2.2 - Endogenous factors in the origin and cause of cancer
- 2.3 - Interactions of genes/genetic polymorphisms with exogenous/endogenous factors
- 2.4 - Resources and infrastructure related to etiology

**Prevention**

- 3.1 - Interventions to prevent cancer: personal behaviours that affect cancer risk
- 3.2 - Nutritional science in cancer prevention
- 3.3 - Chemoprevention
- 3.4 - Vaccines
- 3.5 - Complementary and alternative prevention approaches
- 3.6 - Resources and infrastructure related to prevention

**Early Detection, Diagnosis and Prognosis**

- 4.1 - Technology development and/or marker discovery
- 4.2 - Technology and/or marker evaluation with respect to fundamental parameters of method
- 4.3 - Technology and/or marker testing in a clinical setting
- 4.4 - Resources and infrastructure related to detection, diagnosis and prognosis

**Treatment**

- 5.1 - Localized therapies – discovery and development
- 5.2 - Localized therapies – clinical applications
- 5.3 - Systemic therapies – discovery and development
- 5.4 - Systemic therapies – clinical applications
- 5.5 - Combinations of localized and systemic therapies
- 5.6 - Complementary and alternative treatment approaches
- 5.7 - Resources and infrastructure related to treatment

**Cancer Control, Survivorship and Outcomes Research**

- 6.1 - Patient care and survivorship issues
- 6.2 - Surveillance
- 6.3 - Behaviour
- 6.4 - Cost analyses and healthcare delivery
- 6.5 - Education and communication
- 6.6 - End-of-life care
- 6.7 - Ethics and confidentiality in cancer research
- 6.8 - Complementary and alternative approaches for supportive care of patients and survivors
- 6.9 - Resources and infrastructure related to cancer control, survivorship and outcomes research

**Release form****33. Release form**

The CCSRI may be able to secure additional funding from other sources. Applicants are asked to declare their willingness to allow the CCSRI to provide minimal details of their grant to potential donors.

On condition that:

- the specified information will be shared by CCSRI only with potential donors and for the sole purpose of obtaining additional funding for CCSRI's grant competitions.
- potential donors will be required to declare conflict of interest, and sign a confidentiality agreement before the specified information is released to them by CCSRI.
- it will be held confidential by them and not released to other parties, and will be returned to CCSRI or destroyed if the decision is not to fund.
- all information released may be retained by the potential donors if it decides to fund the application, and may be used by the donor in its funding announcements and other communications.

I consent to the sharing of the information specified (described above) with potential donors.  Yes  No  
(Please select Yes or No)

SAMPLE

**Head of Department**

**34. Head of Department/Dean confirmation**

This section can only be completed by the Head of the applicant's research department. If the project is to be carried out by the Head of the Department the application must instead be confirmed by the Dean. As the Head of Department/Dean your online acknowledgement indicates that you are aware of the contents of the application being submitted. Answer the question below, then click on Save to complete your confirmation.

I confirm that I am aware of the contents of the application being submitted.

Yes  No

Name of the Head of Department or Dean

Title

Research Institution

Financial Institution

Date


SAMPLE

**Executive authority - research host****35. Executive authority of the host research institution**

This section can only be completed by an executive authority of the host Institution within which the research will be conducted. As the Executive Authority your online acknowledgement indicates that you have read and understood the Terms of the Host Institution/CCS Agreement. Answer the question below, then click on Save to complete your confirmation.

I confirm that I have read and understood the Host Institution / CCS Agreement and agree to abide by the terms.  Yes  No

Name of the executive authority - research host

Title

Research Institution

Financial Institution

Date


SAMPLE

**Executive authority - financial host****36. Executive authority of the host finance institution**

This section can only be completed by an executive authority of the Institution within which the funds will be administered. As the Executive Authority your online acknowledgement indicates that you have read and understood the Terms of the Host Institution/CCS Agreement. Answer the question below, then click on Save to complete your confirmation.

I confirm that I have read and understood the Host Institution / CCS Agreement, and  Yes  No  
agree to abide by the terms.

Name of the executive authority - financial host

Title

Research Institution

Financial Institution

Date


SAMPLE

## Post submission publications

### 37. Post submission publications

Publication lists included in this section prior to submission will be removed. This section should only be used after you have submitted your application. Attach a PDF document of your acceptance e-mail/letter for newly accepted publications. You may update this attachment at any time after you've submitted your application, up until the panel meeting. NOTE: For the file name, use the following format [lastname\_firstname\_publications\_yyyymmdd], where yyyymmdd is the current date.

SAMPLE

**CCSRI**

**38. CCSRI revised lay summary**

This section of the application is for internal CCSRI use only.

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