



# 2025 Nursing-Led IBD Research Grant Application Form



**Crohn's and Colitis Canada** in partnership with **CANIBD**

## Section 1: General information

Principal Investigator				
Given name		Surname		Title
Primary location where research will be conducted				
Institution			Department or faculty	
Institute which will administer the funds				
Financial officer's name & contact information				
Institution				
Street Address		Suite or Floor		City
Province	Postal Code	Tel./Fax		Email

Co-Investigators & Collaborators				
Given name		Surname		Title
Institution		Department or faculty		Signature
Street Address		Suite or Floor		City
Province	Postal Code	Tel./Fax		Email
Indicate: <input type="checkbox"/> Co-Investigator <input type="checkbox"/> Collaborator				

Co-Investigators & Collaborators				
Given name		Surname		Title
Institution		Department or faculty		Signature
Street Address		Suite or Floor		City
Province	Postal Code	Tel./Fax		Email
Indicate: <input type="checkbox"/> Co-Investigator <input type="checkbox"/> Collaborator				

Co-Investigators & Collaborators				
Given name		Surname		Title
Institution		Department or faculty		Signature
Street Address		Suite or Floor		City
Province	Postal Code	Tel./Fax		Email
Indicate: <input type="checkbox"/> Co-Investigator <input type="checkbox"/> Collaborator				

<b>Title of research:</b>		
<b>Descriptors</b> (Please list 5–7 keywords or short phrases which describe this project)		
<b>What is the primary research focus?</b> (check one)		
<input type="checkbox"/> Clinical Research <input type="checkbox"/> Research regarding health systems and health services <input type="checkbox"/> Research on societal, cultural and environmental influences on population health		
<b>Does the proposed project involve human subjects?</b>		
<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes  <p>If yes, enclose a statement signed by the applicant and the department head that the proposed research will be reviewed in a manner which conforms with the guidelines as outlined in the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans and/or "Human Pluripotent Stem Cell Research: Guidelines for CIHR-Funded Research", and that the proposed research will not be undertaken until it has been accepted as ethical by such a review.</p> <input type="checkbox"/> Form included <input type="checkbox"/> Form to be sent		
<b>Indicate if this application is:</b>		
<input type="checkbox"/> New application <input type="checkbox"/> Renewal <input type="checkbox"/> Resubmission		
<b>Budget information:</b>		
Amount requested	\$	
<b>Have you or will you be applying to any other agencies with this same proposal?</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list the agencies:	
<b>Human Resources:</b>		
How many hours per week will you need to devote to this project?		
<b>Authorization Signatures:</b> It is agreed that the general conditions governing Grants and Awards apply to any grant made pursuant to this application and are hereby accepted by the applicant(s).		
Principal Applicant	Head of Department	Dean of Faculty
Name (print)	Name (print)	Name (print)
Date	Date	Date

## Section 2: Project summary and relevancy

**A) Project summary:** Provide a **summary** of the proposed research project (250 word maximum)

**B) Relevance to IBD:** Describe in specific terms the relevance to, and potential importance, of the proposed research to inflammatory bowel disease. Describe how the proposed research has the potential to impact IBD treatments, care, or health policy in order to improve the lives of children and adults living with IBD (250 word maximum).

**Section 3: Research Proposal**

**Proposed research:** Provide a summary of the rationale, general objectives and specific goals of the proposed research. **This proposal may not exceed four (4) attached pages** (single-sided, single-spaced, ¼ inch margins on all sides, in 11 point Arial font size). PLEASE NOTE THAT PAGES IN EXCESS OF THE MAXIMUM WILL BE REMOVED FROM THE APPLICATION.

Section 4: Financial assistance requested

**BUDGET:** Provide estimates for the full year. Amounts must be in Canadian Dollars. Total budget not to exceed \$15,000.

Year 1 Budget	Number	% of Time	Amount
Personnel			
1. Research Assistants			
2. Technicians			
3. Research Trainees			
4. Other personnel (specify below)			
Materials			
1. Supplies			
2. Expendables			
3. Services			
4. Other (specify below)			
Travel (Not to exceed \$1,500)			
Total			

**Details:** Please provide a rationale for each item appearing in the proposed budget of the application.

**Section 5: Personal data**

Principal Investigator Biosketch			
A. Education			
Degree	University or institution and location	Scientific field	Year

B. Research Training			
Dates - From & To	Institution	Department	Supervisor

C. Academic Positions			
Dates - From & To	Institution	Department	Position

D. Distinctions or Awards

Section 6: Co-Investigators & Collaborators

**COLLABORATIONS AND MENTORSHIP:** For those applications containing Co-Investigators or Collaborator, please detail/explain the interactions with the Principal Investigator and how mentorship will be provided to ensure success of the project (250 word maximum).