

## 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 and will be used for all correspondence from the CCSRI.

- |                   |          |                          |                          |                          |                            |
|-------------------|----------|--------------------------|--------------------------|--------------------------|----------------------------|
| 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  |  |
| <input type="radio"/> Initial Application   |  |
| h. The applicants confirm (by choosing "Yes") that there is no overlap with the concurrent CCSRI 2018 Impact grant competition.     | _____  |
| i. Indicate the number of years of support requested (up to 3)  | _____  |
| 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. Provide full addresses, including department name for each participant. 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. For full application submission 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  Yes  No  
select Yes or No)

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

### 11. 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..."

### 12. 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.

### 13. 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.

### 14. 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

### 15. 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 pediatric/young adult leukemia and lymphoma.

### 16. 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

### 17. Impact statement

Please describe (maximum of 4200 characters, including spaces) how the project will promote major advancement in pediatric/young adult leukemia and lymphoma research which will accelerate and focus the knowledge gained from scientific findings, in the short or long term, into outcomes such as optimized patient care, improved treatment or reduced cancer burden.






**22. Tables, graphs, charts and associated legends**

OPTIONAL: Attach up to 5 figures, graphs, charts and up to 3 pages of supporting non-data schematics/flow diagrams and their associated legends in PDF format (maximum of 8 pages total). NOTE: For the file name, please use the following format: [lastname\_firstname-figures].

**23. List of references**

The list of references must include the names of all authors, the full title and the full journal citation.

**24. Appendices**

OPTIONAL: Note that all essential information must be included in the proposal and that reviewers are not required to read the material in the appendices. Attachments must be in PDF format only and can not exceed 5MB per attachment. NOTE: For the file name, please use the following format: [lastname\_firstname-appendix1].

**25. Disclosure of commercial interest related to this application**

If any of the project participants have a financial interest in any commercial venture whose business activities are related to the subject matter of this grant application, the nature of that interest must be disclosed. Please describe the nature of the relationship or material interest, the business activities of the company in question, and how those activities relate, if at all, to the grant application.

- a. All applicants confirm that they have no commercial interest to declare (Please select Yes  Yes  No or No)
- b. If no, provide description of commercial Interests \_\_\_\_\_

**Budget**

Description	0	1	2	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
<b>Equipment</b>				
1	<b>Permanent Equipment</b>			
<b>Total Equipment</b>	0.00	0.00	0.00	0.00
<b>TOTAL DIRECT EXPENSES</b>	0.00	0.00	0.00	0.00
<b>TOTAL EXPENDITURES</b>	0.00	0.00	0.00	0.00

## Budget summary for CCS-Quebec Division/Mont Gabriel Summit Research Fund (Cole Foundation) Grants

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

SAMPLE

## Other funding

### 28. 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 or a brief summary 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]

### 29. Other funding confirmation

The applicants confirm that the attached list contains all required information including the percentage overlap for each grant and abstracts, as described in the Application Guide.

Yes  No

SAMPLE

## Review panel

### 30. Panel recommendation

The applications will be reviewed by a specially composed panel for this competition.

a. Selected Panel

- QCRG - CCS-Quebec Division/Mont Gabriel Summit Research Fund (Cole Foundation) Panel

b.

### 31. Reviewer recommendation

Applicants must suggest the names of at least 3 (5 if submitting application in French) impartial reviewers who have 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

### 32. 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

### 33. Research tracking information

#### 33.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)

- |  |   |
|--|---|
| <input type="radio"/> Biomedical Research              | <input type="radio"/> Clinical Research                                     |
| <input type="radio"/> Health Services/Systems Research | <input type="radio"/> Social, Cultural, Environmental and Population Health |

#### 33.b. Research subject

Select the research subject(s).

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

**Patients/Study Population**

- |                                |                                    |                                      |
|--------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Pediatric | <input type="checkbox"/> Young adult |
|--------------------------------|------------------------------------|--------------------------------------|

**Patient Tissue**

- |                                |                                    |                                      |
|--------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Pediatric | <input type="checkbox"/> Young adult |
|--------------------------------|------------------------------------|--------------------------------------|

**Model System**

- |                                |                                     |                                     |                                    |
|--------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Mouse | <input type="checkbox"/> Drosophila | <input type="checkbox"/> C. elegans | <input type="checkbox"/> Zebrafish |
| <input type="checkbox"/> Yeast | <input type="checkbox"/> Other      |                                     |                                    |

**Cell System**

- |                               |   |  |
|-------------------------------|---|--|
| <input type="checkbox"/> hESC | <input type="checkbox"/> Tumour Initiating Cell | <input type="checkbox"/> Non-embryo-derived stem cells (eg. iPS cells) |
|-------------------------------|---|--|

#### 33.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

#### 33.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 Behaviors (Non-Dietary) that Affect Cancer Risk

3.2 - Dietary Interventions to Reduce Cancer Risk and Nutritional Science in Cancer Prevention

3.3 - Chemoprevention and other medical interventions

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 and the Prevention of Recurrence

**Cancer Control, Survivorship and Outcomes Research**

6.1 - Patient care and survivorship issues

6.2 - Surveillance

6.3 - Population-based Behavioral Factors

6.4 - Health Services, Economic and Health Policy Analyses

6.5 - Education and Communication Research

6.6 - End-of-life care

6.7 - Research on Ethics and Confidentiality

6.8 - Historical code - no longer used

6.9 - Resources and infrastructure related to cancer control, survivorship and outcomes research



## Release form

### 34. Release form

Applicants must declare their willingness to allow details of their grant to existing and potential donors to The Mont Gabriel Summit Research Fund.

On condition that:

- the specified information will be shared only with donors and for the sole purpose of obtaining additional funding for the Fund.
- donors will be required to declare conflict of interest, and sign a confidentiality agreement before the specified information is released to them.
- it will be held confidential by them and not released to other parties, and will be returned or destroyed if the decision is not to contribute to the Fund.

I acknowledge the sharing of the information specified (described above) with donors. \_\_\_\_\_

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## Head of Department

### 35. 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

#### 36. 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

### 37. 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 agree to abide by the terms.  Yes  No

Name of the executive authority - financial host

Title

Research Institution

Financial Institution

Date


SAMPLE

## Post submission publications

### 38. 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.

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