**EARLY CAREER INVESTIGATOR GRANT:**

**Application form**

**Application form to be sent to** [**leslie.hausermann@icm-mhi.org**](mailto:leslie.hausermann@icm-mhi.org) **by April 2, 2024 at 6 pm Pacific time**

## PRINCIPAL APPLICANT INFORMATION

|  |  |
| --- | --- |
| First Name / Last Name: | |
| Phone Number: | Email: |
| Title/Position: | |
| Institution: | |
| Mailing address: | |
| Faculty/department: | |
| Please specify any other appointments: | |
| CHF Alliance Team/Theme/Project in which you are involved: | |

## CO-APPLICANTS (if applicable)

If there are additional co-applicants, please add rows

|  |  |  |
| --- | --- | --- |
| **Co-Applicant #1** | | |
| Last Name, First Name: | | Phone Number: |
| Title/Position: | | |
| Institution: | | |
| Department: | | Faculty: |
| Email: | | |
| Is the co-applicant a CHFA member:  ☐ Yes  ☐ No | If yes, please specify in which team/theme/project: | |

|  |  |  |
| --- | --- | --- |
| **Co-Applicant #2** | | |
| Last Name, First Name: | | Phone Number: |
| Title/Position: | | |
| Institution: | | |
| Department: | | Faculty: |
| Email: | | |
| Is the co-applicant a CHFA member:  ☐ Yes  ☐ No | If yes, please specify in which team/theme/project: | |

## PATIENT PARTNERS

## Please name any patient, caregiver, or family member partners engaged in this application.

|  |  |
| --- | --- |
| Name | Role |
|  |  |
|  |  |
|  |  |

## INDIGENOUS FOCUS

## Please indicate whether your project present an Indigenous focus and if so, please indicate whether Indigenous partners are involved within the development, conduct, analysis and/or any other important stages of your project.

|  |  |  |
| --- | --- | --- |
| * YES | My project is Indigenous oriented | |
|  | * YES | Indigenous partners are involved in the development, conduct, analysis and/or any important stages of my project |
|  | * NO | Indigenous partners are not involved in the development, conduct, analysis and/or any important stages of my project |
| * NO | My project is not Indigenous oriented | |

## INDUSTRY PARTNERS

## If industry partners are involved in your project, please list them here and briefly indicate their role within the project.

|  |  |
| --- | --- |
| Industry partner | Role |
|  |  |
|  |  |
|  |  |

## RESEARCH PRIORITIES

Please indicate relevancy of CHF Alliance research priorities to your application. Please assign each priority a unique rank, 1 being the most relevant priority and 6 being the least. Use each number only once.

|  |  |
| --- | --- |
| **Research Priority** | **Rank** |
| Rapid and accurate diagnosis |  |
| Improvement of access to & equity of care |  |
| Patient self-management & empowerment |  |
| Improvement of access to reliable information |  |
| Patient lifestyle issues, mental health, sex and exercise |  |
| Virtual care & innovative intervention |  |

## TITLE OF PROPOSED PROJECT

## LAY SUMMARY

Provide a summary in non-specialist language of the proposal, highlighting project objectives and deliverables, and describing how the research is innovative and translatable to better health outcomes and quality of life for people living with heart failure.  **Maximum 250 words**

## PROPOSAL

Provide an overview of the proposed research, including background and rationale, methods, overall budget, and deliverables. Ensure that you highlight the significance of the project and its alignment with the mission and research priorities of CHF Alliance. Review the Application Guidelines to become familiar with evaluation criteria. **Maximum 3 pages and 2 additional pages for budget, key references and supporting tables and figures. (Pages must be within the Letter US format with 2 cm margins and 11 point font)**

## COLLABORATORS

Describe your existing and planned collaboration among diverse disciplines, perspectives, and CHF Alliance teams/themes/projects and partners, including engagement of trainees at various levels of study. Illustrate how your project will involve collaboration and/or introduce new investigators to the network. **Maximum 250 words**

## INCLUSION OF SGBAR, PATIENTS, COMMUNITY AND EDI

Please indicate how you will address each of the following considerations within your proposal, providing additional information if required. **Maximum 250 words**

### *Sex and gender-based analysis and reporting*

### *Patient and community engagement*

### *Equity, diversity, and inclusion (EDI)*

## BUDGET

Please provide a budget breakdown with item, description, and amount of respective expenses.

|  |  |
| --- | --- |
| **Item** | **Amount** |
| Salaries (primary investigator’s salary is not eligible for expenses) |  |
| Supplies |  |
| Patient compensation |  |
| Other (please specify): |  |
| Other (please specify): |  |
| TOTAL |  |

## CURRICULUM VITAE

Please provide **short-form Canadian Common CV in CIHR Academic format** for PI and co-applicants. CV must include current funding

## APPLICANT SIGNATURE

|  |  |
| --- | --- |
| I have read the Early Career Investigator Grant Terms of reference and Application Form.  I certify that all information in this application is correct, to the best of my knowledge, and that all collaborators are aware and supportive of this application. | |
| Name (PRINT) | |
| Signature: | Date: |

## SUBMISSION INSTRUCTIONS

**Applicants are encouraged to submit applications in advance of the deadline, as incomplete applications and applications received after 6:00pm Pacific time on April 2, 2024 will not be accepted.**

Application materials are to be submitted electronically, via email to leslie.hausermann@icm-hmhi.org in PDF format as **one file.**

The **PDF file must contain** the following elements in this order (body text in Arial font with minimum 11 pt).

1. Application Form with all completed sections:

* Applicant and Co-Applicant(s) Information
* Patient Partners, if applicable
* Indigenous focus
* Industry Partners, if applicable
* Research Priorities Ranking
* Title of Project
* Lay Summary (maximum 250 words)
* Proposal (three pages in the US letter format with 2 cm margins, and 2 additional pages including budget, key references and supporting tables & figures)
* Collaborators (maximum of 250 words)
* Inclusion of SGBAR, Patient and Community Engagement, and EDI (maximum 250 words)
* Budget
* Applicant Signature

1. Curriculum Vitae (for PI and Co-Investigators)

Please address any questions or requests for more information to Leslie Hausermann, Program Manager of the CHF Alliance, at leslie.hausermann@icm-mhi.org