|  |  |
| --- | --- |
|  | Submission deadline: March 3, 2023 @ 5:00 PM EST |

# MDRI RESEARCH GRANT APPLICATION

## *Personal information provided in your application will be used solely for the purpose of treating your application for this grant.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Investigator Information | | | | | | | |
| Full Name |  | |  | | |  | |
| Title | | First | | | Last | |
| Full Address |  | | | | | |  |
| Street | | | | | | Apartment |
|  | | | |  | |  |
| City | | | | Province | | Postal Code |
| Work phone |  | Mobile phone | |  | Email |  | |

|  |  |
| --- | --- |
| Grant Application Year | |
| First time (Year 1) | Renewal (*Check Year 2 or Year 3*) Year 2  Year 3 |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Institution Information | | | | | | | | | | |
|  | | | | | |  | | | | |
| Name (*institution to which the funds will be paid*) | | | | | | Business # of Revenue Canada charity account | | | | |
| Full Address | |  | | | | | | | |  |
| Street | | | | | | | | Suite/Level/Floor |
|  | | | | | Québec | | |  |
| City | | | | | Province | | | Postal Code |
| Full Name of Institution Officer | | |  | |  | | | |  | |
| Title | | First | | | | Last | |
| Work phone |  | | Mobile phone |  | | | Email |  | | |

|  |
| --- |
| Research Title |
|  |

|  |  |
| --- | --- |
| Lay Abstract  *The Lay Abstract will be published on the MDRI’s web site, and will be used to inform donors and the public*  *about the research that is supported by MDRI* | |
| Title of Lay Abstract: |  |
| Text of Lay Abstract:  *(Provide in 300 words or less, a non-technical summary of your research, written in clear comprehension*  *language suitable for all audience.)* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethical Requirements** | | | |
| If this research will involve any of the following, check the appropriate box(es) as per your research project. Should you be awarded the grant, the certification requirements must be met in accordance with the policies on ethical conduct of research. | | | |
| Human subjects | Human stem cells | Animals | Biohazards |
| Status of certification (if applicable):  Approved (certificate attached)  Pending  Not applicable | | | |

|  |
| --- |
| **Suggestion of External Reviewers** |

Please list three external reviewers who are not current collaborators and have the knowledge to evaluate your research project

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | First: Last: | Phone |  |
| Institution |  | Email |  |
|  |  |  |  |
| Full Name | First: Last: | Phone |  |
| Institution |  | Email |  |
|  |  |  |  |
| Full Name | First: Last: | Phone |  |
| Institution |  | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signatures | | | |
| Principle Investigator |  | DateYYYY-MM-DD |  |
| Co-investigator |  | DateYYYY-MM-DD |  |
| Institution Officer |  | Date YYYY-MM-DD |  |

SUBMIT