2018 Application Form

**McGill / Western Collaboration Grant (MWCG)**

*\*Please complete the following application and submit as a single PDF via email to* [*brainscan@uwo.ca*](mailto:brainscan@uwo.ca) *AND using* the webform at <https://www.mcgill.ca/hbhl/mcgill-western-collaboration-grants-application>

**Section 1: Applicant Information**

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| Co-lead Applicant (McGill University) | | | | |
| Name: |  | | | |
| Email: |  | | Extension: |  |
| Department: |  | | | |
| Faculty: |  | | | |
| Date of first appointment at McGill University | |  | | |

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| Co-lead Applicant (Western University) | | | | |
| Name: |  | | | |
| Email: |  | | Extension: |  |
| Department: |  | | | |
| Faculty: |  | | | |
| Date of first appointment at Western University | |  | | |
| ROLA Proposal No. |  | | | |

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| Project Team (if applicable) | | |
| Name | Role in Project | Affiliation (Institution/Faculty/Department) |
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**Section 2: MWCG Proposal Details**

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| Title of Project: |
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| Descriptors |
| Provide up to 10 keywords that describe the research project, the techniques and the methodologies it will employ, as well as the areas of interest. Please include any applicable BrainsCAN Research Core, or McGill Core Facilities or Platforms as a descriptor. |
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| Summary of Transformative Research Program (Max 1 page; references and figures can be attached and are not included in limit) |
| Please describe, in general terms, the research program. Be certain to:   * address the potentially transformative impact to the study of circuits underlying behaviour and if high-risk, how risks are justified by the potential for high impact. * discuss the originality/novelty of the research program. If a similar study has been published by another group, explain how this proposal is significantly different or provide justification for the importance of replicating these findings. * for projects with terms of 1-year, identify the critical, foundational milestone that must be achieved to confirm feasibility of the larger program. * describe how the program objectives align with the strategic and impact goals of both HBHL and BrainsCAN. Refer to the [HBHL Strategic Research Plan](http://www.mcgill.ca/hbhl/files/hbhl/hbhl_strategic_research_plan.pdf) and the [BrainsCAN Research Alignment / Steering Document](https://www.uwo.ca/projects/brainscan/restricted/accelerator_program/brainscan_research_alignment.pdf). |
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| Detailed Project Plan (Max. 2 pages with an additional page allowed for multi-year proposals). An additional maximum 3 pages for references and figures can be attached. |
| Please provide specific experimental details. Be certain to address:   * objectives * methodology * hypotheses * responsibilities and contributions of each team member |
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| Collaboration Details (Max 1 page) |
| * Describe the nature of the collaboration (e.g. newly formed, established, etc.). If possible, provide details on the outcomes of any previous activities of this team (e.g. grants held, joint publications, co-supervised trainees, etc.). * Describe how the proposed team leverages the expertise/infrastructure at McGill and Western, and why is this collaboration is required to achieve the transformational goals of the proposal. * Outline a specific collaboration plan for this project. For example, will trainees be performing research at their partner institute, what is the communication plan including frequency and type (in-person, teleconference) of meetings, etc. |
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| Outcomes and Next Steps (Max 1 page) |
| * For proposals with durations of 1 year, please outline the steps that will follow if the milestone is successfully reached (e.g., applications for larger MWCG or external funding, next logical research steps and their potentially transformative impact, development of a new research domain for HBHL or BrainsCAN). * For multi-year proposals, please define the programmatic outcomes that could transform the research field, and state the next steps as it relates to **knowledge mobilization & impact**. Where possible please provide specifics on how this research will reach and impact affected populations. |
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| Justification for Financial Request to this Competition |
| Please provide justification for why support is being requested from this funding source, i.e. why other funds, currently held or potentially available, cannot be used. Include the basis for choosing particular equipment (especially if more affordable alternatives are available, i.e. via the BrainsCAN research cores or HBHL infrastructure) or for the tasks to be accomplished by trainees and staff. If other sources of funding are being sought or have previously been sought for this project, they must be disclosed here. Note that requests to pay trainees or support staff currently funded by other grants will need to be justified to demonstrate that the MWCG funding is not being used to offset funds normally paid by operating grants. |
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| Has this proposal, or a similar proposal, been previously submitted for funding: YES  or NO ; If Yes, please provide details including date, title, amount, funding agency, and outcome. For unsuccessful applications, please attach the reviewer comments. |
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**Section 3: Budget**

Please complete the following table with the breakdown of the purposed funds usage for **year 1**. The expenditure type categories include travel, knowledge dissemination, small equipment, materials, salaries & benefits, knowledge mobilization costs and other expenses. For further description of expense eligibility please consult the program guidelines or [CFREF website](http://www.cfref-apogee.gc.ca/program-programme/administer-administrer-eng.aspx).

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| Budget Summary Table | | |
| Expenditure Type | Description (including location of expense) | Amount |
|  |  | $0.00 |
|  |  | $0.00 |
|  |  | $0.00 |
|  |  | $0.00 |
|  |  | $0.00 |
|  |  | $0.00 |
|  |  | $0.00 |
|  |  | $0.00 |
|  |  | $0.00 |
|  |  | $0.00 |
|  |  | $0.00 |
|  |  | $0.00 |
|  |  | $0.00 |
| Total Amount Requested for **Year 1**: |  | $0.00 |

If requesting multi-year funding, please indicate number of years:

**Estimated total project cost:**

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| Additional Budget Justification |
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**Section 4: CV and Conflict of Interest Declaration**

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| Curriculum Vitae |
| Attach a signed Biosketch for **each applicant or co-applicant** included in the proposal in the NIH format ([https://www.ncbi.nlm.nih.gov/sciencv/)](https://www.ncbi.nlm.nih.gov/sciencv/). Please ensure that all current funding with values are provided. |

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| Declaration of Conflicts of Interest (if applicable) |
| Please disclose any perceived or potential conflicts of interest that may arise related to the research project or during the review process |
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**Section 5: Letters of Support**

Please attach letters of support from collaborators or industrial partners. General letters of support will not be accepted.

**Section 6: Signature**

The signatures provided below indicate knowledge of, and adherence to, the terms of reference and guidelines for the McGill – Western Collaboration Grant program.

Lead Applicant’s Signature – McGill University Date

Lead Applicant’s Signature – Western University Date