##### Blood Efficiency Accelerator Program 2024 Application Form

###### Overview

Applicants are advised to review the Canadian Blood Services’ Blood Efficiency Accelerator Program Guidelines to ensure alignment of their applications with the program objectives, research priorities and eligibility criteria.

The complete application package must be delivered to   
Canadian Blood Services by 11:59 PM July 31 2024 (Pacific Time)

###### Instructions

It is the Applicant’s responsibility to ensure that all documents are delivered by the application deadline. **No applications or additional material will be accepted after this deadline. Late or incomplete applications will not be considered.**

All documents must be delivered **by email** to [centreforinnovation@blood.ca](mailto:centreforinnovation@blood.ca).

The submitted Application Package must include the following documents:

1. **Completed Application Form:** Ensure that all fields are complete, including Primary Applicant typed name and date in Section A - Agreement, before submitting the application. **Page and word count limitations must be adhered to**. Sections of the application that exceed the identified limits will not be considered.
2. **Supporting Documents**
   1. **Primary Applicant CV:** A Canadian Common CV (<https://ccv-cvc.ca/>) in the **CIHR Academic format** for the Primary Applicant.

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# Section A: General Information

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| **PROJECT TITLE** | | | |
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| **PRIMARY APPLICANT** | | | |
| Last Name: |  | | |
| First Name(s): |  | | |
| Preferred Name (Optional): |  | | |
| Title: |  | | |
| Institution: |  | | |
| Phone: |  | | |
| Email: |  | | |
| **INSTITUTION** | | | |
| Institution(s)/Organization(s) where research will be conducted: | | |  |
| Name of Institution(s) that will administer the funds (Institution Paid): | | |  |
| **AGREEMENT** | | | |
| By typing my name and date below, I, the Primary Applicant, acknowledge that the enclosed application for research funding from Canadian Blood Services represents a study for which the Primary Applicant was responsible for the proposal development. If funded, the Primary Applicant will assume primary responsibility for the implementation and performance of the proposed study.  The Primary Applicant agrees that the general conditions governing the Blood Efficiency Accelerator Program, as set out in the Guidelines, are accepted by the Primary Applicant on behalf of the project team and the institution. | | | |
| First, Last Name | |  | |
| Date (YYYY-MM-DD) | |  | |

# Section B: Project Team

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| **PROJECT TEAM** | | |
| **In the table provided**, list all proposed project team members that have been identified to work on the proposed project. In a separate file, provide a full Canadian Common CV (<https://ccv-cvc.ca/>) in the **CIHR Academic format or equivalent** for the Primary Applicant. | | |
| **Name** | **Position and Institution** | **Email** |
| **1.** |  |  |
| Role in project: | | |
| **2.** |  |  |
| Role in project: | | |
| **3.** |  |  |
| Role in project: | | |

*Insert rows as needed.*

# Section C: Project Proposal

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| PROJECT ABSTRACT |
| Provide a summary (200 words max.), in **lay terms**, of the proposed project, highlighting project objectives and deliverables and describing how the research is aligned with the Program’s objective, including identified priorities, and how research uptake will be facilitated. If the project is funded, **this summary may be published on Canadian Blood Services’ website.** |
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| PROJECT PROPOSAL |
| **In three (3) pages maximum** (including tables and figures):   1. Describe the background, rationale, and objectives of the project, including any relevant preliminary findings; 2. Outline the proposed research methodology, clearly demonstrating the integration of project members’ expertise towards achieving the goals of the project; 3. Describe the relevance of the proposal to the objectives and priorities of the Program; and 4. Detail the key deliverables anticipated by the end of the funding period.   A list of selected references may be included **in addition** to the three (3) page limit. |
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| TRANSLATIONAL PLAN |
| **In the space provided**, provide a brief and clear description of the short- and long-term translational plans for the proposed research, including how the proposed research will further the long-term goals. Identify the intended audience for the research, how the research results will be shared, and how the audience will use the research results. If relevant, identify any partners that will help in the application of the research results. In addition, indicate the tools and resources that will be developed to promote uptake of the research results. |
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| SEX AND GENDER-based analysis + (SGBA+) | |
| Sex and gender-based analysis including other social determinants that may affect health (SGBA+) has the potential to make health research more rigorous, more reproducible, and more applicable to everyone. SGBA+ must be considered when developing the research proposal. Visit the [CIHR](http://www.cihr-irsc.gc.ca/e/32019.html) website for resources to help with incorporating sex, gender, and other social determinants that may affect health into research design. | |
| Are sex (biological) considerations taken into account in this proposal? | Yes  No |
| Are gender (socio-cultural) considerations taken into account in this proposal? | Yes  No |
| Are other social determinants that may affect health (ethnicity, income, age, education, etc.) taken into account in this proposal? | Yes  No |
| Describe how sex, gender, and other determinants that may affect health will be considered in your research proposal. If they are not considered in your proposal, explain why not. | |
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| **HEALTH AND SAFETY CERTIFICATION** | |
| Indicate if the proposal involves the following. Note that this information is used for administrative purposes to ensure that appropriate approvals are in place to execute the project. This information is not used to evaluate the merit of the application. | |
| **Biohazards: Pathogenic agents** | Yes  No |
| Containment level required: | 1  2  3  4 |
| I certify that I have obtained the required certifications to conduct research involving Pathogenic agents. | ☐ Yes ☐ No ☐ Submitted |
| **Biohazards: Radioisotopes** | Yes  No |
| Containment level required: | 1  2  3  4 |
| I certify that I have obtained the required certifications to conduct research involving Radioisotopes. | ☐ Yes ☐ No ☐ Submitted |
| **Ethics: Human Experimentation** | Yes  No |
| I certify that I have obtained human experimentation ethics approval to conduct this research. | Yes  No  Submitted |
| **Ethics: Animal Experimentation** | ☐ Yes ☐ No |
| I certify that I have obtained animal experimentation ethics approval to conduct this research. | Yes  No  Submitted |

# Section D: Budget

Outline the budget requested and provide justification that the requested resources are appropriate to financially support the research project as described in the application. Review the ‘Use of Funds’ in the program Guidelines to become familiar with the eligible and non-eligible expenses under this program.

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| **BUDGET OVERVIEW** | | | | |
| **Research staff (excluding trainees)** | | | | |
|  | No. | Salary | Benefits | Funds Requested |
| Research assistant(s) |  |  |  |  |
| Technician(s) |  |  |  |  |
| Other personnel |  |  |  |  |
| **Research trainees** | | | | |
|  | No. | Stipend | Benefits | Funds Requested |
| Postdoctoral fellow(s) |  |  |  |  |
| Graduate student(s) |  |  |  |  |
| Summer student(s) |  |  |  |  |
| **Materials, Supplies, and Service** | | | | |
|  | | | | Funds Requested |
| Animals\* | | | |  |
| Materials and supplies | | | |  |
| Services | | | |  |
| Equipment (maximum $8500) | | | |  |
| Travel | | | |  |
| Meeting costs | | | |  |
| Publication costs | | | |  |
| Other | | | |  |
| **TOTAL** | | | |  |

\* Funding for animal studies is dependent upon an approved animal protocol. If animal studies are contracted out, include this budget allocation under “Services”.

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| **BUDGET DETAILS** |
| Provide a detailed justification for all budget items requested. In-kind contributions to the project and other sources of funding for the project must be identified. (No page limit) |
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| **REAL OR PERCEIVED BUDGETARY OVERLAP** | |
| **In the space provided below**, supply details of any overlap with existing or proposed funding. Use this space to dispel any uncertainties that could arise in the minds of reviewers as to whether you are already funded, in whole or in part, for the proposed work. | |
| Source: |  |
| Amount: |  |
| Comment as to overlap/lack of overlap: |  |
| Source: |  |
| Amount: |  |
| Comment as to overlap/lack of overlap: |  |

*Insert rows as needed.*