

Pediatric Resident 2022 Small Grant Application Part A: Checklist

Please Check the *Grants and Awards Guide* for grant application deadlines.
Late applications (after 3:00 PM on the deadline date) will not be accepted.

Applicants must email an electronic version of the completed application consolidated into a single PDF document to grantsadministrator@chrime.ca.

Incomplete, inaccurate or otherwise improperly prepared applications
will NOT be reviewed

Checklist of documents to include in your submission:

- Signature Page completed
- Lay Summary included
- Relevance to child health included
- Detailed explanation of project included
- Budget page complete, total not exceeding allowed maximum
- Supporting documents attached, limited to:
 - Letters of Support (must include one from the Resident's supervisor)
 - Quotes (relating to budget);
 - Regulatory Approvals (if already obtained); and
 - **One page** PDF containing any references, tables or figures
- COVID-19 Impact Statement
- Electronic copy (one PDF file) of Pediatric Resident Small Grant Form and all attachments

Part B: Signature Page

Summary Information

Applicant Name	
Position, Department & Institution	
Project Title	
Phone #	
E-mail	

Signatures

The signatures below indicate that the applicant and/or, if applicable, their supervisor:

- i. Attests to the completeness, accuracy, and correctness of the information provided in this application;
- ii. Has an appointment that provides adequate time and access to facilities to conduct the proposed research and the absence of any other impediments to the conduct of that research;
- iii. Agrees that all information and materials provided in connection with this application may be reproduced, disseminated, and used by the Children's Hospital Research Institute of Manitoba, for any purpose at any time; and
- iv. Agrees to comply with all requirements of the Children's Hospital Research Institute of Manitoba, including its policies and funding guidelines.
- v. The Principal Applicant is the primary author of this proposal and is responsible for the intellectual content, budgetary management, completion of the proposed work and adherence to the policies outlined at www.chrim.ca
- vi. The supervising Member has reviewed the proposal and agrees with the intellectual content and feasibility (i.e. skills, time allotment) of the proposed project in the hands of the applicant.

Applicant Name	Supervising CHRIM Member Name
Applicant Signature	Member Signature
Date	Date

Director of ORS Signature	Date
---------------------------	------

Part C: Project Outline

1. Lay Summary: *In the following space, describe this research project (its purpose, goals and relevance) in terms suitable for lay use (including media release) Maximum 1100 characters (including spaces)*

2. Relevance to Child Health: *In the following space, describe the relevance of this research and its expected outcomes to child health, specifically, how it pertains to the Mission, Vision, and Values of CHRIM. Max. 900 characters (including spaces)*

3. Research Design: *case series, chart review, observational study with existing database (s), prospective observational study, prospective qualitative study, quality improvement study, retrospective experimental study, experimental study or survey. (choose 1)*

4. Project Details: *Maximum 4 pages to provide all the details requested below. References and figures may be attached on a SINGLE*

A. Research Hypothesis

A.1 - Primary Objective

A.2 - Secondary Objective

B. Methods

B.1 - Study Population

- Inclusion Criteria

- Exclusion Criteria

B.2 - Variables of Interest

- Outcome

- Exposures

- Covariates and Confounders

B.3 - Planned Statistical Analyses for Each Objective(s)

C. Sample Size Calculation (Usually based on Primary Objective)

D. Study Timeline

E. Study Team and their Expertise

F. List the Regulatory Bodies that this will or has been Submitted to (e.g. REB)

G. Background (Provide 1-2 paragraphs) justifying your scholarly project)

Use the above headings to format your submission below (Max 4 pages)



A large, empty rectangular box with a thin black border, occupying the majority of the page. This is the designated area for the applicant to provide details for their Pediatric Resident Small Grants Application.



A large, empty rectangular box with a thin black border, occupying most of the page. This is the designated area for the grant application content.



Expense Category	Cost Per Item	Sub-totals	Justification
Office Expenses (includes printing, photocopying, office supplies, telephone)			
<i>Sub-total, Office Expenses</i>			
Transcription or other specialized service costs (provide estimates for each service)			
<i>Sub-total, Transcription or other specialized service</i>			
Services (RA or Research Support Unit. Provide Estimate)			
<i>Subtotal, Services</i>			
BUDGET TOTAL			

Part E: List of Attachments

Please list attachments below, including letters of support, letters of collaboration, quotations, and regulatory approvals.

Part F: COVID-19 Impact Statement

Describe the impact of COVID on you as an individual and on the project you are proposing (productivity, work, hiring, ethics, etc.). Focus on how the specifics of what you're proposing have been impacted by COVID. Max 600 characters.