



Institute Community Support (ICS) Program – Brain Star Award

Application Form

Instruction to help you fill out this form

1. Review CIHR funding programs to ensure that your request for funding cannot be funded by an existing CIHR funding program. If you require help to determine this information please contact the specific contact person from the Institute which you are seeking support.
2. Obtain a CIHR Personal Identification Number (PIN) if you do not already have one by going to the following web address and following the instructions:
<http://www.cihr-irsc.gc.ca/e/38201.html>
3. Fill out the following application form and save it.
4. Print a copy and sign it to be sent by mail to the Institute(s) you are applying to for funding.
5. Send an electronic copy of this application form to the same Institute(s) you are applying to for funding.



Institute Community Support Program – Application Form

1. Applicant Information

a) CIHR PIN

b) Name of Applicant

c) Affiliation

d) Institution paid

e) Address

f) Telephone Number

g) Email

2. Request for Funding Information

a) Project Title

E Are you applying as an

Individual, or as an Organization

c) Total amount requested

\$



3. Activity Description

a) How does this request align with the Institute's mandate? (maximum 250 words).

b) Describe the Specific contribution of the student or trainee (maximum 250 words).



c) Provide a description of the impact of the publication (maximum 250 words).

d) Provide a copy of your article.

e) Provide a brief Biographical sketch



A signature is mandatory.

Please e-mail the ICS form and the electronic copy of your article to Kristy Cross: kristy.cross@cihr-irsc.gc.ca

Send the completed application package by courier/ registered mail to:

Kristy Cross
Institute of Neurosciences, Mental Health and Addiction
Canadian Institutes of Health Research
University of Calgary
3330 Hospital Drive NW
HMRB, Room 172
Calgary, AB T2N 4N1
Email: kristy.cross@cihr-irsc.gc.ca



4. Signatures

Consent to Disclosure of Personal Information

I understand that maintaining public trust in the integrity of researchers is fundamental to building a knowledge-based society. By submitting this application or by accepting funding from CIHR, NSERC and/or SSHRC, I affirm that I have read and I agree to respect all the policies of these Agencies that are relevant to my research, including the *Tri-Agency Framework: Responsible Conduct of Research* (<http://www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/>). In cases of a serious breach of Agency policy, the Agency may publicly disclose my name, the nature of the breach, the institution where I was employed at the time of the breach and the institution where I am currently employed. I accept this as a condition of applying for or receiving Agency funding and I consent to such disclosure.

Name of Applicant

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Signature of Applicant

Date

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APPLICANT CONSENT FORM FOR USE AND DISCLOSURE OF PERSONAL INFORMATION PROVIDED TO CIHR FOR PEER REVIEW

IMPORTANT: One original signed copy of the Applicant Consent Form is required at all application stages.

A - USE AND DISCLOSURE OF PERSONAL INFORMATION PROVIDED TO CIHR

- 1) All information collected is subject to the Access to Information Act and the Privacy Act. These laws give Canadian citizens and permanent residents of Canada:
 - a. A limited right of access to information contained in federal government records;
 - b. Access to information about themselves;
 - c. Specification for how personal information can be used;
 - d. Rules and conditions governing the collection, retention and disposal of personal information;
 - e. A use and disclosure code for the protection of this information;
 - f. Criteria under which information can be disclosed including the purposes for which information can be used and to whom the information can be disclosed.
- 2) All the information supplied in this application will be made available to the CIHR personnel responsible for managing the application review process to:
 - a. Process applications for review;
 - b. Identify appropriate Peer Review Committee Members;
 - c. Administer and monitor grants and awards;
 - d. Compile statistics.
- 3) Information supplied in this application except the data labeled "for Administrative use only" will be made available to:
 - a. Review Committees composed of experts recruited from the academic, public and private sectors;
 - b. External reviewers, where required;
 - c. Selection Board members, where required.
- 4) In cases where there is Relevance Review as described in the Funding Opportunity, the Project Title, Project Summary and/or Relevance Form will be made available to:
 - a. Funding Partners¹ listed on the Funding Opportunity;
 - b. CIHR Institute Staff and CIHR Institute Advisory Board members;
 - c. CIHR Strategic Leads.
- 5) In addition CIHR and Funding Partners¹ listed on the Funding Opportunity will use the following information in making funding decisions after application review.
 - a. Rank;
 - b. Percent Rank (in the case of multi-committee competitions);
 - c. Committee Recommendations on Budget and Term.

B - USE AND DISCLOSURE OF FULL APPLICATION AND NOMINATIVE INFORMATION² FOR RELEVANCE REVIEW AND FUNDING DECISIONS

- 1) For the purpose described in the Funding Opportunity, if applicable, CIHR seeks your consent to share your full application including nominative information². All the information supplied in this application except the data labeled "for Administrative use only" will be made available to:
 - a. Funding Partners¹ listed on the Funding Opportunity;
 - b. CIHR Institute Staff and CIHR Institute Advisory Board members;
 - c. CIHR Strategic Leads.
- 2) Unless such consent is a condition of funding, refusal by the applicant to consent shall not influence a funding decision by CIHR.

¹ Should funding partners be added to the initiative after the launch of the Funding Opportunity, you will be asked for your consent to share information with partners.

² Nominative Information: any information which directly or indirectly reveals the identity of an applicant.

I do consent to the sharing of the information specified above in section (B).

I do not consent to the sharing of the information specified above in section (B).

Continued on Reverse.....

C – PRESENCE OF OBSERVERS AT PEER / MERIT REVIEW

1) Observers to the peer / merit review committees will be able to view information supplied in this application except the data labelled "for Administrative use only."

2) The following individuals can observe, subject to the consent of the applicant:

- a. External Funding Partner representatives who do not have funding decision authority;
- b. CIHR Strategic leads responsible for the content of the funding opportunity and who do not have funding decision authority.

3) The following can attend at the discretion of the Deputy Director, if space is available:

- a. Other CIHR Staff (including those not based in Ottawa);
- b. Non-CIHR Staff with a defined purpose related to the review process (i.e. consultants engaged to evaluate CIHR review processes, staff of other funding organizations).

I do consent to the presence of and sharing of the information with Observers as specified above in section C .

I do not consent to the presence of and sharing of the information with Observers as specified above in section C.

I, the undersigned, do hereby give CONSENT to the use and disclosure of the information contained in my application for the purposes as herein described in section A, B, and C. This consent extends to Section A, and only to those specific areas (Section B and C) where I have indicated this consent. I also agree that the general conditions governing grants and awards, as well as the statement "[Meaning of Signatures on Application Forms](#)" as outlined in the CIHR Grants and Awards Guide, apply to any grant or award made pursuant to this application. I understand that it is my responsibility to ensure that the funding received from all sources (whether governmental or otherwise) for a particular expense does not exceed 100% of its cost and that it is my duty to report any funding overlap to CIHR.

Name	Signature	Date

- 1) **Keep a copy for yourself**
- 2) **Send the original, signed form with your application**