

Background

Applicant Information

(Carefully read the instructions before completing this form)

1. Applicant Information

Your User Profile information appears below however this section should indicate where the research described within this proposal will take place (change as necessary). NOTE: Your User Profile is always considered your current mailing address. The address listed here will be used to advise you of the outcome of this competition only.

- | | | | | | |
|-------------------|----------|--------------------------|--------------------------|--------------------------|----------------------------|
| a. Applicant Name | Title | <input type="radio"/> Dr | <input type="radio"/> Mr | <input type="radio"/> Ms | <input type="radio"/> Prof |
| b. Institution | | | | | |
| c. Department | | | | | |
| d. Address 1 | | | | | |
| e. Address 2 | | | | | |
| f. Address 3 | | | | | |
| g. Address 4 | | | | | |
| h. Country | | | | | |
| i. City | Province | | | Postal Code | |
| j. Phone | Ext | | | Fax | |
| k. e-Mail Address | | | | | |
| l. Designation | | | | | |

2. Project Information

The title entered when the application was created is indicated. Please avoid typing in ALL CAPS. In addition, ensure the end date of your project is updated.

- | | | | |
|---|--|--------------------------|--|
| a. Project Title | | | |
| b. Is Financial Institution the same as the Research Institution? (Please select Yes or No) | <input type="radio"/> Yes | <input type="radio"/> No | |
| c. If No, provide Financial Institution name | | | |
| d. Project Start Date | End Date | | |
| e. Amount of Funds Requested | Project Cost | | |
| f. Grant category | | | |
| <input type="radio"/> Research Grant | <input type="radio"/> New Investigator | | |
| g. Type of application. Note: maximum 1 application allowed per PI/Co-PI | | | |
| <input type="radio"/> Initial Application | <input type="radio"/> Re-application | | |
| <input type="radio"/> Renewal - Indicate previous CCS grant # : | | | |
| h. Do applicants confirm that there is no substantive (more than 50%) overlap with any pending application (including those at the abstract or Letter of Intent submission stage) to any other CCS Research program as of September 10, 2019? | <input type="radio"/> Yes | <input type="radio"/> No | |
| i. Indicate the number of years of support requested (up to 5) | | | |
| j. Is this application being submitted in French? (Note that all review panels are conducted in English.) | <input type="radio"/> Yes | <input type="radio"/> No | |

3. Participants

Enter the Financial Officer and any Co-Principal Investigator, Co-Applicant, Additional Author and Collaborator information applicable to your application. Use the lookup feature and enter the participant's email address in the field provided as the search criteria. The form will be auto-populated with their contact information as it appears in their user profile. If they do not have a profile, enter the participant's details as required.

For full application submission, please attach a CV for all participants (excluding the Financial Officer and Collaborators) and use the format: [lastname_firstname-CV].

For collaborators, please attach the corresponding letter of support and use the format: [lastname_firstname-collaboration].

a. Additional Author

Name

Title

Institution

Department

Address 1

Address 2

Address 3

Address 4

Country

City

Province

Postal Code

Telephone

Fax

E-Mail Address

b. Co-Applicant

Name

Title

Institution

Department

Address 1

Address 2

Address 3

Address 4

Country

City

Province

Postal Code

Telephone

Fax

E-Mail Address

c. Collaborator

Name

Title

Institution

Department

Address 1

Address 2

Address 3

Address 4

Country

City

Province

Postal Code

Telephone

Fax

E-Mail Address

d. Co-Principal Investigator

Name

Title

Institution
Department
Address 1
Address 2
Address 3
Address 4
Country
City Province Postal Code
Telephone Fax
E-Mail Address

e. Financial Officer

Name
Title
Institution
Department
Address 1
Address 2
Address 3
Address 4
Country
City Province Postal Code
Telephone Fax
E-Mail Address



Applicant info

4. Principal Investigator CV

Attach your abbreviated CV (not exceeding 3 single-spaced pages) in PDF format. It should include the following information: academic degrees; details of employment since graduation; list of publications during the last 5 working years; and grant support in the past 5 years. Please see the Application Guide for more details. NOTE: For the file name, please use the following format: [lastname_firstname-CV]. CCS is not a member organization of the Common CV Network, therefore the Common CV should not be used due to Common CV use restrictions.

5. Application and Career stage

This section is mandatory and plays no part in the review or funding of an application. The data is used for statistical and communication purposes only.

Please indicate below if this is:

Your first application for a research grant to the Canadian Cancer Society Yes No

Your first application for a research grant specifically in the area of cancer research Yes No

Your first application for a research grant as an independent investigator Yes No

Please indicate your current career stage (please select one of the three options):

- New/early career investigator: Any applicant who, at the time of registration, assumed his/her first independent academic position (e.g., faculty appointment) no more than 5 years ago (60 months).
- Mid-career investigator: Any applicant who, at the time of registration, assumed his/her first independent academic position (e.g., faculty appointment) 5-15 years ago.
- Senior investigator: Any applicant who, at the time of registration, assumed his/her first independent academic position (e.g., faculty appointment) more than 15 years ago.

6. Biographical information (optional)

This section is optional and plays no part in the review or funding of an application. The data is used for statistical and communications purposes only.

Gender

Male Female

Date of birth - month

Day

Year

Birth city

Birth province

Birth country

City raised

Country raised

Language(s) spoken

Citizenship

Certificates

7. Certificates required

7.a. Biohazard/Biosafety

Indicate if certificates will be required. Certificates will be requested at the time of funding.

- a. Does your project require a biohazard certificate? Yes No
- b. Are biohazard certificates required from other institutions (in case of Co-Principal Investigators and Co-Applicants)? Yes No
- c. If yes, give details.

List of other institutions

7.b. Animal care

Indicate if certificates will be required. Certificates will be requested at the time of funding.

- a. Does your project require animal care certificates? Yes No
- b. Are animal care certificates required from other institutions (in case of Co-Principal Investigators and Co-Applicants)? Yes No
- c. If yes, give details.

List of other institutions

7.c. Ethics

Indicate if certificates will be required. Certificates will be requested at the time of funding.

- a. Does your project require ethics certificates? Yes No
- b. Are ethics certificates required from other institutions (in case of Co-Principal Investigators and Co-Applicants)? Yes No
- c. If yes, give details.

List of other institutions

Public summary

9. Need for project

What need – in research or health care – will be addressed by this project (i.e. what is the rationale)? (maximum 500 characters, including spaces). Note that the character count may be different when copying text from Word due to formatting.

10. Goal of project

What is the goal of this project – what are you hoping to achieve? (maximum 500 characters, including spaces). Note that the character count may be different when copying text from Word due to formatting.

11. Project description

How will you achieve this (reminder: please use nontechnical language)? (maximum 500 characters, including spaces). Note that the character count may be different when copying text from Word due to formatting.

12. Future impact

How do you think this project could/will ultimately have an impact on the cancer community (including researchers, patients, families, policy, and the public at large, as relevant)? (maximum 650 characters, including spaces). Note that the character count may be different when copying text from Word due to formatting.

SAMPLE

Proposal

17. Re-applications and renewal applications

17.a. Response to previous critique (re-applications only)

If you are submitting your proposal as a re-application, provide a response (maximum of 4200 characters, including spaces) indicating what improvements have been made as a result of the critiques from the last competition review panel. Note that the character count may be different when copying text from Word due to formatting.

17.b. Scientific Officer and reviewer reports (re-applications only)

If you are submitting your proposal as a re-application, attach the scientific officer's report and unabridged reviews from the panel review in PDF format. NOTE: For the file name, please use the following format: [lastname_firstname-previous_reviews].

17.c. Scientific Progress Report (renewals only)

Reminder: You are eligible to submit a Renewal application only if you are currently the holder of a fully-funded CCS Impact Grant and if the new proposal is a logical continuation of the current fully-funded grant. Provide a scientific progress summary (maximum of 6300 characters, including spaces) describing the research that has been performed since submission of the last application. The descriptions must be presented in sufficient detail and included enough discussion to permit proper evaluation by scientific experts of the research performed. Note that the character count may be different when copying text from Word due to formatting.

17.d. Non-Scientific ("Lay") Progress Report (renewals only)

Applicants renewing existing funding must provide a progress report (maximum of 2100 characters, including spaces) covering the previous granting period that is fashioned in easy-to-understand, non-technical terms aimed at a non-scientific audience. Note that the character count may be different when copying text from Word due to formatting.

17.e. List of directly supported publications and reprints (renewals only)

Provide a list of publications that were a direct result of the current CCS Impact Grant for which you are requesting renewal. Reprints, preprints and submitted manuscripts may be included in the Appendices in support of the progress summary, at the applicants' discretion. Reprints and references do not replace the obligation of the

21. Tables, graphs, charts and associated legends

OPTIONAL: Attach and appropriately label up to 5 pages of figures, graphs, charts and up to 3 pages of supporting non-data schematics/flow diagrams and their associated legends in PDF format (maximum of 8 pages total). NOTE: For the file name, please use the following format: [lastname_firstname-figures].

22. List of references

Provide a list of references cited within the proposal. A standard reference style is recommended (e.g. first author, article title, journal title, date of publication, volume, issue, location (pagination))

23. Appendices

OPTIONAL: Note that all essential information must be included in the proposal and that reviewers are not required to read the material in the appendices. Attachments must be in PDF format only and can not exceed 10MB per attachment. NOTE: For the file name, please use the following format: [lastname_firstname-appendix].

24. Disclosure of commercial or conflict of interest related to this application

If any of the named investigators have a financial interest in any commercial venture whose business activities are related to the subject matter of this grant application, the nature of that interest must be disclosed and a description of how conflict of interest, if any, will be managed should be provided. Please describe the nature of the relationship or material interest, the business activities of the company in question, and how those activities relate, if at all, to the grant application.

- a. Do applicants have any commercial or conflict of interest to declare? Yes No
- b. If Yes, please provide a description of the commercial or conflict of interest and how it will be managed.

Budget

Description	2020	2021	2022	2023	2024	Total
DIRECT EXPENSES						
Program Expenses						
1	Supplies and Expenses					
2	Salaries and Wages					
Total Program Expenses	0.00	0.00	0.00	0.00	0.00	0.00
Equipment						
1	Permanent Equipment					
Total Equipment	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL DIRECT EXPENSES	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL EXPENDITURES	0.00	0.00	0.00	0.00	0.00	0.00

Budget summary for Impact Grants - 2020

7/8/2019

Description	2020	2021	2022	2023	2024	Total
Program Expenses						
Supplies and Expenses	0.00	0.00	0.00	0.00	0.00	0.00
Salaries and Wages	0.00	0.00	0.00	0.00	0.00	0.00
Total for Program Expenses	0.00	0.00	0.00	0.00	0.00	0.00
Permanent Equipment	0.00	0.00	0.00	0.00	0.00	0.00
TOTALS	0.00	0.00	0.00	0.00	0.00	0.00

SAMPLE

Other funding

27. Summary of other funding applied for and received

List all grants currently being applied for, pending, about to be submitted and all grants received, for the entire period covered by this application, for the Principal Investigator and each Co-Principal Investigator. Your documentation should include a list followed by the abstracts/summaries, as submitted in the original application for funding, for all grants/applications listed and should be submitted in PDF format. For pending grant applications with similar titles, please include a statement explaining overlap, or lack thereof. Consult the Application Guide for complete instructions, including the correct format. If there are no pending grants to list, indicate by including N/A in the Pending grants section. Applications with missing other funding information or abstracts will be considered incomplete.

NOTE: For the file name, please use the following format: [lastname_firstname-other_funding]

28. Other funding confirmation

- The applicants confirm that the attached list contains all required information, including the percentage overlap for each grant and the abstracts as submitted in the original application for funding, as described in the Application Guide.

SAMPLE

Review panel

29. Panel

Selected Panel

Impact Review Panel

30. Reviewer recommendation

Applicants must suggest the names of at least 3 (5 if submitting application in French) impartial reviewers with the necessary expertise to critically evaluate the application and with whom you do NOT collaborate.

Name	Department	Institution	Phone no.	E-mail address	Areas of expertise

31. Reviewer exclusions

Applicants may suggest individuals they prefer NOT be contacted as potential reviewers (panel members and/or external reviewers). The reason for exclusion (e.g. collaborator, colleague, competitor) should be given. NOTE: any exclusions you list will be viewable to all panel members assigned to review your application.

Name	Reason for exclusion

Tracking

32. Research tracking information

Responses are to be limited to the scope of the proposed research for the duration of the proposed term. This information is used solely for statistical/reporting purposes and will not be used as part of the scientific review of the application. Select the research focus of the proposal.

32.a. Research focus

Responses are to be limited to the scope of the proposed research for the duration of the proposed term. This information is used solely for statistical/reporting purposes and will not be used as part of the scientific review of the application. Select the research focus of the proposal.

I. SECTION I - Research focus (select ONE only)

Biomedical Research

Clinical Research

Health Services/Systems Research

Social, Cultural, Environmental and Population Health

32.b. Research subject

Select the research subject(s).

II. SECTION II - Research subject (select ONE or MORE)

Patients/Study Population

Adult

Pediatric

Adolescents & Young Adults

Patient Tissue

Adult

Pediatric

Adolescents & Young Adults

Model System

Mouse

Drosophila

C. elegans

Zebrafish

Yeast

Other

Cell System

hESC

Tumour Initiating Cell

Non-embryo-derived stem cells (eg. iPS cells)

32.c. Cancer site relevance

Select a maximum of 3 cancer sites where the research will be most relevant. Indicate the degree of relevance (percentage). The total should equal 100%. Only use the Details description field to describe the site if you have selected Other as a site.

Note: Do not enter a % sign with your percentage, only enter the number.

III. SECTION III - Cancer site relevance

Cancer site relevance	Percentage	Details

32.d. Common Scientific Outline (CSO)

Select a maximum of 3 codes which best describe the research. Full details of the Common Scientific Outline can be found at the International Cancer Research Portfolio website (<https://www.icrpartnership.org/cso>).

IV. Section IV - Common Scientific Outline (CSO)**Biology**

- 1.1 Normal functioning
- 1.2 Cancer initiation: alterations in chromosomes
- 1.3 Cancer initiation: oncogenes and tumour suppressor genes
- 1.4 Cancer progression and metastasis
- 1.5 Resources and infrastructure

Etiology

- 2.1 Exogenous factors in the origin and cause of cancer
- 2.2 Endogenous factors in the origin and cause of cancer
- 2.3 Interactions of genes and/or genetic polymorphisms with exogenous and/or endogenous factors
- 2.4 Resources and infrastructure related to etiology

Prevention

- 3.1 Interventions to prevent cancer: personal behaviors (non-dietary) that affect cancer risk
- 3.2 Dietary interventions to reduce cancer risk and nutritional science in cancer prevention
- 3.3 Chemoprevention and other medical interventions
- 3.4 Vaccines
- 3.5 Complementary and alternative prevention approaches
- 3.6 Resources and infrastructure related to prevention

Early Detection, Diagnosis and Prognosis

- 4.1 Technology development and/or marker discovery
- 4.2 Technology and/or marker evaluation with respect to fundamental parameters of method
- 4.3 Technology and/or marker testing in a clinical setting
- 4.4 Resources and infrastructure related to detection, diagnosis and prognosis

Treatment

- 5.1 Localized therapies – discovery and development
- 5.2 Localized therapies – clinical applications
- 5.3 Systemic therapies – discovery and development
- 5.4 Systemic therapies – clinical applications
- 5.5 Combinations of localized and systemic therapies
- 5.6 Complementary and alternative treatment approaches
- 5.7 Resources and infrastructure related to treatment and the prevention of recurrence

Cancer Control, Survivorship and Outcomes Research

- 6.1 Patient care and survivorship issues
- 6.2 Surveillance
- 6.3 Population-based behavioral factors
- 6.4 Health services, economic and health policy analyses
- 6.5 Education and communication research
- 6.6 End-of-life care
- 6.7 Research on ethics and confidentiality
- 6.8 Historical code - no longer used
- 6.9 Resources and infrastructure related to cancer control, survivorship and outcomes research

Release form

33. Release form

The CCS depends on donor dollars to fund its grants. Applicants must declare their willingness to allow CCS to provide minimal details of their grant to potential donors/partners. For successful investigators, the grantee must declare their understanding that CCS will post competition results (PI, HI, title, value of grant, lay summary) on our website and potentially include a lay summary of the progress and impact of the research in our reports to donors/the public, press releases, social media or other communications.

On condition that:

- the specified information will be shared by CCS only with potential donors/partners and for the sole purpose of obtaining additional funding for CCS's grant competitions.
 - potential donors/partners will be required to declare conflict of interest, and sign a confidentiality agreement before the specified information is released to them by CCS.
 - it will be held confidential by them and not released to other parties, and will be returned to CCS or destroyed if the decision is not to fund.
 - all information released may be retained by the potential donors/partners if it decides to fund the application, and may be used by the donor/partner in its funding announcements and other communications.
- I acknowledge the sharing of the information specified with potential donors/partners and if successful in the competition, CCS will announce the grant and may publish research impacts (described above).

Head of Department

34. Head of Department/Dean confirmation

This section can only be completed by the Head of the applicant's research department. If the project is to be carried out by the Head of the Department the application must instead be confirmed by the Dean. As the Head of Department/Dean your online acknowledgement indicates that you are aware of the contents of the application being submitted. Answer the question below, then click on Save to complete your confirmation.

I confirm that I am aware of the contents of the application being submitted.

Yes No

Name of the Head of Department or Dean

Title

Research Institution

Financial Institution

Date

SAMPLE

Executive authority - research host**35. Executive authority of the host research institution**

This section can only be completed by an executive authority of the Host Institution within which the research will be conducted. As the Executive Authority your online acknowledgement indicates that you have read and understood the Terms of the Host Institution/CCS Agreement. Answer the question below, then click on Save to complete your confirmation.

I confirm that I have read and understood the Host Institution / CCS Agreement and agree to abide by the terms. Yes No

Name of the Executive Authority - research host

Title

Research Institution

Financial Institution

Date

SAMPLE

Executive authority - financial host

36. Executive authority of the host finance institution

This section can only be completed by an executive authority of the Institution within which the funds will be administered. As the Executive Authority your online acknowledgement indicates that you have read and understood the Terms of the Host Institution/CCS Agreement. Answer the question below, then click on Save to complete your confirmation.

I confirm that I have read and understood the Host Institution / CCS Agreement, and Yes No agree to abide by the terms.

Name of the Executive Authority - financial host

Title

Research Institution

Financial Institution

Date

SAMPLE