

**UT DRO Collaborative Research Seed Grant Competition
Application Form**

DEADLINE – Friday, May 15, 2020 at 5:00 PM

(Complete applications should be assembled as a single pdf and sent to Tanya.Webb@utoronto.ca)

1. PRINCIPAL INVESTIGATOR

Surname		Given Name	
Hospital Site			
Telephone		Email Address	

2. TITLE OF PROJECT

--	--	--	--

3. SUMMARY BUDGET INFORMATION (Max \$50,000 over 2 years)

Total Supplies and Expenses (from page 3)			
Total Salaries and Benefits (from page 3)			
Total Requested			

4. CO-APPLICANTS (list additional co-applicants on page 4 if required)

Surname		Given Name	
Hospital Site			
Telephone		Email Address	

Surname		Given Name	
Hospital Site			
Telephone		Email Address	

Surname		Given Name	
Hospital Site			
Telephone		Email Address	

5. BRIEF SCIENTIFIC SUMMARY

Responses must be limited to the space provided below (Arial 11-pt font). Please delete instructional text prior to submission.

6. RELEVANCE OF THE PROJECT TO RADIATION MEDICINE RESEARCH

Responses must be limited to the space provided below (Arial 11-pt font). Provide a clear, concise, and non-technical description of how the project will accelerate radiation medicine research. Indicated how the research will impact clinical practice. Describe the “next steps” and future direction following completion of the project, including the plan for sustained funding from other sources.

7. COLLABORATION STATEMENT

Responses must be limited to the space provided below (Arial 11-pt font). Describe how the project will achieve synergy between investigators at the Odette Cancer Centre, the Princess Margaret Cancer Centre, the Stronach Regional Cancer Centre, the Carlo Fidani Cancer Centre and the Simcoe Muskoka Regional Cancer Centre.

8. DETAILED SCIENTIFIC PROPOSAL

Attach a detailed scientific proposal (5 pages maximum, 1 inch margins, Arial 12-pt font, single spaced including all text, figures, tables and references). The proposal should outline the rationale for the research, a briefly review of the literature and/or preliminary data, the hypothesis and aims of the research, a description of the methods and analysis, a sample size justification (if appropriate), the time line and a budget justification.

8. BUDGET REQUEST (\$50K MAXIMUM)

Supplies and Expenses	Amount
Subtotal – Please copy to page 1	

Salaries and Benefits	Amount
Subtotal – Please copy to page 1	

CO-APPLICANTS Continued (Please delete this page if it's not required)

Surname		Given Name	
Hospital Site			
Telephone		Email Address	

Surname		Given Name	
Hospital Site			
Telephone		Email Address	

Surname		Given Name	
Hospital Site			
Telephone		Email Address	

Surname		Given Name	
Hospital Site			
Telephone		Email Address	

Surname		Given Name	
Hospital Site			
Telephone		Email Address	

Surname		Given Name	
Hospital Site			
Telephone		Email Address	

Surname		Given Name	
Hospital Site			
Telephone		Email Address	