

# Hotchkiss Brain Institute International Collaboration Grant

## 2023 Application Form

### Guidelines

- DEADLINE: 5pm MDT on Monday January 15, 2024 (late or incomplete applications will not be forwarded for review)
- Please read the terms of reference carefully prior to completing this application form. For example, the role of the Co-Investigators must be clarified in the application form
- All inquiries should be directed to [HBI.Research@ucalgary.ca](mailto:HBI.Research@ucalgary.ca)
- Content must be TYPED. Handwritten forms will not be accepted
- Completed applications should be e-mailed to [hbi.research@ucalgary.ca](mailto:hbi.research@ucalgary.ca) (hard copies/ faxes will not be accepted)
- Applications should be submitted as one email attachment in Portable Document Format (PDF)
- The file should be named according to the Primary Investigator as SURNAME, FIRST NAME
- Pages within the PDF attachment should be in the following order:
  - Application form
  - Approval for research involving human and/or animal subjects at time of application (if applicable); can be submitted later if grant approved and for release of funds
  - Additional Figures page and reference page (if applicable)
  - CVs (two pages maximum per individual in the NIH biosketch format and limited to the last 7 years) for the Primary Investigator and each Co-Investigator.

**SECTION 1: CONTACT INFORMATION**

**I: PRIMARY INVESTIGATOR**

Name: Surname, First Name, Middle Initial(s):	
Current Academic Rank, Department, Institution (Primary Affiliation):	
Complete Mailing Address:	Phone:
	Fax:
	E-mail:

**II: CO-INVESTIGATOR**

Name: Surname, First Name, Middle Initial(s):	
Current Academic Rank, Department, Institution (Primary Affiliation):	
Complete Mailing Address:	Phone:
	Fax:
	E-mail:

**III: CO-INVESTIGATOR**

(If there are more than 3 applicants, please copy/fill this page for any additional Co-Investigators)

Name: Surname, First Name, Middle Initial(s):	
Current Academic Rank, Department, Institution (Primary Affiliation):	
Complete Mailing Address:	Phone:
	Fax:
	E-mail:

**IV: ADMINISTRATIVE ASSISTANT**

Please provide information for anyone else you would like copied on all correspondence pertaining to your Collaboration Grant application and, if successful, award.

Name: Surname, First Name, Middle Initial(s):	
Current Academic Rank, Department, Institution (Primary Affiliation):	
Complete Mailing Address:	Phone:
	Fax:
	E-mail:

**SECTION 2: PROPOSED PROJECT DETAILS**

**I: PROJECT TITLE**

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**II. CERTIFICATION REQUIREMENTS**

HUMAN SUBJECTS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Attached <input type="checkbox"/>	To Follow <input type="checkbox"/>
ANIMAL SUBJECTS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Attached <input type="checkbox"/>	To Follow <input type="checkbox"/>
BIOHAZARD CONTAINMENT	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Attached <input type="checkbox"/>	To Follow <input type="checkbox"/>

**III: PROJECT DESCRIPTION**

Please provide a summary of the research project. **(An extra page of Figures and an extra page of References may be included)**

**IV: CONTRIBUTION OF EACH APPLICANT**

Describe the collaborative strategies. **(Description should not exceed the space provided here)**

**V: ALIGNMENT WITH HBI'S INTERNATIONAL STRATEGY**

Describe how this collaboration aligns with the goals of the Hotchkiss Brain Institute's International Strategy, as well as how HBI will be acknowledged/showcased. **(Description should not exceed the space provided here)**

