



## Pilot Research Fund Program Dementia (PFUN) 2023-2024 Application Form

Due December 20<sup>th,</sup> 2023: (to hbi.research@ucalgary.ca)

Application should include this package + 1-page figures/tables and any other supporting documentation.

**Project Title:** 

**Principal Investigator:** 

Department/Affiliation:

HBI Brain and Mental Team:

### 1. Objectives of the Project:





**2. Budget** (How will the funds be spent? Include discussion of overlap with existing projects, if appropriate. Provide a justification and indicate the amount to be spent on each budget item.)

Pilot Research Fund Program (PFUN) Budget		
Description	Amount \$	Justification
Research staff salaries and benefits		
Trainee stipends and benefits		
Minor equipment (<\$5,000 without prior approval)		
Materials and Supplies		
Research subject costs (including reasonable patient reimbursement)		
Total requested funding:		Total request not to exceed \$100,000

Please check this box if there are any clinical fellows or residents involved

If yes, please indicate how:





### **3. Background of the project** (What is known already? Include preliminary data, if available.)

4. Novelty (What will we learned that we do not already know?)





# **5. Methods** (Please describe sample/population, measurements and analysis, as appropriate. Describe expected and unexpected findings, and alternate approaches, if appropriate.)

6. Sample size with justification (Please describe how you arrived at your sample size.)





### 7. Anticipated Results (Include discussion of limitations or unexpected findings, if appropriate.)

**8. Likelihood of Generating New Funding** (How does this project fit into your program of research? Can the pilot data be used to apply for new grants?)





Please note that supplementary or "top-up" funding is not permitted for this competition; projects must explore a new avenue of research for the investigator.

Are there any other sources of funding? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, from where:

Signature of Primary Investigator:

Co-Investigators	Department	Signature*

The applicant(s) have reviewed and understand the HBI Open Science Principles and if funded by the HBI agree to abide by Principles 1 to 4.

The applicant(s) agree that by applying they are willing to judge future competitions where no present conflict of interests exists.

#### **Department Head/Centre Director:**

Name: \_\_\_\_\_\_ Signature\*\*: \_\_\_\_\_\_

\*\*My signature above acknowledges and accepts the impact (clinical, financial, or otherwise) of this research on my department/division/program/portfolio and I agree with the costs itemized in the study budget.

Please return application form to hbi.research@ucalgary.ca by