Pilot Research Fund Program Dementia (PFUN) 2024-2025 Application Form

Due December 20th, 2024: (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 $75,000*

☐	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