***FULL APPLICATION[[1]](#footnote-1)***

**THE MARATHON OF HOPE CLINICIAN SCIENTIST AWARD (2025)**

***Deadline: Sunday February 2nd, 2024 (11:59 pm Eastern Time)***

***Email to*** [***moh@tfri.ca***](mailto:moh@tfri.ca)

Full Name of Applicant: [Last Name, given name, middle names, title][[2]](#footnote-2)

Applicant Mailing Address: [Institution, department, street address, city, province, postal code]

Applicant Email: [Applicant’s email address] Applicant Telephone #: [Applicant’s office telephone #]

**PROJECT TITLE**: [Full title of the project]

**PROPOSED START DATE**: July 1, 2025

**HOST RESEARCH INSTITUTE**: [Name of Institution which will administer award]

*Through the signatures of the authorized officials[[3]](#footnote-3) below delegated to sign on its behalf, the Host Institution below affirms it has the capacity in law to be responsible for the research and associated activities as detailed in the proposal. The Institution will provide the Applicant with the time, space, and designated support to complete the research as described.[[4]](#footnote-4)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant** | **Head of Department** | **Dean / Director** | **Vice President** |
| *Print Name:* | *Print Name:* | *Print Name:* | *Print Name:* |
| *Signature:* | *Signature:* | *Signature:* | *Signature:* |
| *Date:* | *Date:* | *Date:* | *Date:* |

**Name of MOH sponsoring program:** [Name of sponsoring program]

**Project Leader Name to verify sponsorship support:** [Name of project leader who has agreed to support application]

**LAY SUMMARY**

[Provide a non-scientific summary of the proposal, including a statement of the potential impact of the results of the study and the relevance of the research to cancer suitable for posting to a website. Include a description of the potential impact of the proposed research on patients, and any patient partners included in the proposed research. Maximum – one page]

**SCIENTIFIC SUMMARY**

[Provide an executive summary of the proposed research. Describe the scientific objectives of the project, the methodology to be used, and plans to integrate results with the sponsoring program. Maximum – one page]

**TABLE OF CONTENTS FOR SCIENTIFIC PROPOSAL**

[Refer to *2024 Marathon of Hope Clinician Scientist Application Guide* for instructions for details.] Maximum – 20 pages for the Scientific Proposal (sections 1a through 1f). The list of references is additional to the page limit, and must be presented using single spacing. Clarity and conciseness is recommended for the presentation of references. An extra 5 pages is allowed for diagrams, figures, photographs (section 1h).]

*Section* *Page*

1. Scientific Proposal
   1. Overall objective & Background i
   2. Specific goals, and how they contribute to the achievement of the overall objective ii
   3. Preliminary Data iii
   4. Research Plan for each Goal iv
   5. Collaboration with Sponsor v
   6. Anticipated Outcomes vi
   7. List of References vii
   8. Diagrams, Figures, Photographs viii
2. Summary of Letters of Sponsorship (2), Institutional Support & Collaborators
3. Budget Request ix
4. Budget Narrative / Justification x
5. Appendices xii
   1. MOH CV
   2. Table of Certificates Required/Obtained
   3. Statement of Inclusion of Sex and Gender in Research Design
   4. Letters of cash match commitment

**1. SCIENTIFIC PROPOSAL**

**2. SUMMARY OF LETTERS OF SPONSORSHIP & COLLABORATORS**

[Two letters are required from the sponsoring program. One should come from the Leader, another from a different Member of the Program. Each letter must articulate:

* How the proposal will benefit the sponsoring program
* How the sponsoring program will contribute to the applicant’s research objectives
* What mentorship the sponsoring investigators will provide.

[It is preferred that one of the letters comes from a researcher not at the same Institution as the applicant.]

[A letter is required from the Institution (Vice President, Dean of Faculty or Head of Department) confirming the commitment made to the Applicant (tenure-track, grant-funded, and the resources to be made available exclusively for the Applicant), including the amount of time reserved for the Applicant to conduct research.]

[Letters are required from all essential collaborators of the Applicant’s Proposal providing details of the collaboration and the commitments made by the collaborator.]

*1 Summary of Letters Attached*

|  |  |  |
| --- | --- | --- |
|  | *Name of Letter Writer* | *Role* |
| 1 |  | Program Leader |
| 2 |  | Member |
| 3 |  | Institution |

**3. BUDGET REQUEST**

[Refer to the 2024 Clinician Scientist Application Guide before completing this section.]

1. **Personnel**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job Title: Salary & Benefits | Year 1 | Year 2 | Year 3 | TOTAL |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| ANNUAL TOTAL |  |  |  |  |

1. **Consumables**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | Year 1 | Year 2 | Year 3 | TOTAL |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| ANNUAL TOTAL |  |  |  |  |

1. **SUMMARY OF BUDGET REQUEST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Expense Category | Year 1 | Year 2 | Year 3 | TOTAL |
| Personnel |  |  |  |  |
| Consumables |  |  |  |  |
| ANNUAL TOTAL |  |  |  |  |

**4. BUDGET NARRATIVE / JUSTIFICATION**

**6. APPENDICES**

*2 Summary of Appendices*

|  |  |  |
| --- | --- | --- |
|  | *Item* | *Attached* |
| 1 | MoH CV |  |
| 2 | Manuscript #1 |  |
| 3 | Response to reviewer comments (only for resubmissions) |  |

[Attach MoH CV. Include a full list of your publications and most significant contributions.]

[Applicants may submit up to three (3) manuscripts or publications that are directly relevant to the proposal.]

[Complete the Table of Certificates Required by Host Institution for the Scientific Proposal]

*3 Summary of Certificates*

|  |  |  |
| --- | --- | --- |
|  | *Item* | *Status* |
| 1 | Biohazard |  |
| 2 | Animal Care |  |
| 3 | Human Ethics |  |
| 4 | Human and Biological Samples |  |
| 5 | Human Pluripotent Stemm Cell Research |  |
|  |  |  |

Status Key: N/A = not applicable: A = attached: S = submitted: TBS = to be submitted

**STATEMENT OF INCLUSION OF:**

* **SEX AND GENDER IN RESEARCH DESIGN**
* **HARD-TO-REACH POPULATIONS AND OTHER MINORITY POPULATIONS**

[Include a statement that sex- and gender-based analysis (SGBA) has been included in your research proposal.[[5]](#footnote-5) You may also include a description of your inclusion of minority populations, including hard-to-reach populations, as applicable.]

**LETTERS OF CASH MATCH COMMITMENT**

[see Appendix A for details about eligible matched funds and expenditures.]

|  |  |  |
| --- | --- | --- |
|  | *Item* | *Attached* |
| 1 | [description of letter] |  |
| 2 | [description of letter] |  |
| 3 | [description of letter] |  |

**Appendix A - Eligible Expenditures for Projects**

Eligible expenditures are identified in approved workplans and budgets as part of each Award Project. A project is defined as a Marathon of Hope Cancer Centres Network approved research activity as detailed in an annual Research Project Grant Agreement (RPGA) to be signed between each Institution and TFRI.

**Specific Considerations Regarding Eligible Matched Expenses:**

Cash match funds available must be spent on eligible direct costs in order to be reported. An acceptable cash match must meet the following principles:

1. Cash match expenditures are expenditures paid for from identifiable/auditable sources that must contribute directly to the project and be approved by the TFRI.
2. The cash match funds must be spent on new or incremental direct costs to conduct the approved MOHCCN project. Indirect costs, overhead or in-kind support are not eligible expenses.
3. The cash match funds must be spent during the approved RPGA Period of Performance term dates.
4. Expenses reported from cash match funds must be auditable in the financial accounts of each recipient institution and will be validated during an annual external audit.
5. Each source of matching funds needs to be identified and cannot be from sources that receive the majority of their funding from the federal government due to federal stacking rules. This includes CIHR, Genome Canada, etc.
6. Non-federal sources can be the private sector, donors, charitable organizations or other levels of government provided the source does not receive > 51% of its funding from the federal government.
7. Eligible cash matching expenditures cannot be reimbursed by TFRI.

**Ineligible Expenses under both Health Canada and Matched Funding include:**

1. Expenditures before or after the RPGA Period of Performance term dates.
2. In-kind contributions or allocations.[[6]](#footnote-6)
3. Indirect costs or allocations. 6
4. Equipment not included in the approved RPGA project budget.
5. Grants, sub-grants or other award costs.
6. Academic support/fees for trainees/students such as stipends or fellowships.
7. Overhead or any infrastructure charges (i.e., institutional, department, building maintenance, rent, insurance, library, etc.).
8. Telecommunication costs not wholly auditable as directly used up in the approved project, such as monthly cellular plans, home internet, etc.
9. Entertainment or hospitality costs.
10. Membership or professional development fees.
11. Activities not part of the approved project scope in the RPGA.
12. All standard of care costs for a patient, including those patients enrolled on a clinical trial or another research project.
13. Any expenses which cannot be audited and traced back to an eligible source of matching cash.
14. Unreasonably high or unusual rates charged to the project.
15. Lobbying-related expenses.

**Annual Audit of Cash Match Expenditures:**

Annually, Health Canada requires TFRI to engage an external audit firm to conduct an audit of cash match expenditures reported to March 31 each year by each collaborating institution. The Audit firm will contact each collaborating institution directly for backup as to the source, amount and justification details in May/June each year.

1. The Applicant should refer to the *Marathon of Hope Clinician Scientist Application Guide (2024)* before completing this proposal form. [↑](#footnote-ref-1)
2. Square bracketed elements in grey are designed to be replaced by Applicant with details requested. [↑](#footnote-ref-2)
3. A signature is not required in the sections above if your institution does not have the same signing authorities. An official may sign in more than one section if they are authorized to do so. [↑](#footnote-ref-3)
4. Please note that eligible/ineligible costs are described in the *Terry Fox Clinician Scientist Application Guide (2024)* and in the TFRI Research Administration Policy found online at <https://www.tfri.ca/funding-opportunities/policies-guideline-templates>. [↑](#footnote-ref-4)
5. Please refer to <http://www.cihr-irsc.gc.ca/e/50836.html> for more resources. [↑](#footnote-ref-5)
6. **In-Kind contributions or indirect cost allocations:** an in-kind contribution is defined as a non-monetary contribution of a good or service. Typically, in-kind support in research can include time, services, equipment access, office or lab space, administrative support, or any other supplies or goods that support the research project but do not get paid for in cash by the researcher’s own grant funds – non-monetary transactions. While in-kind support can be very helpful to a project, in-kind contributions are not an allowable expense under the Health Canada agreement and RPGAs. Similarly, indirect cost allocations such as those based on standard percentages are not eligible because the percentage is an indirect estimate and not directly traceable to the actual amount of the expense used by the project activities. For this reason, overhead and other indirect cost allocations based on general percentages are not considered eligible expenses. An expense is considered direct if the actual amount of expense used on the MOHCCN project is clearly calculable, justified and auditable. [↑](#footnote-ref-6)