

Type of Application (select one only):

Research Capacity building Knowledge Translation, Advocacy and Policy

Principal Applicant Information:

Name: _____

Telephone Number: _____

Email address: _____

Position:

Primary Job Title: _____

Primary Division/Program: _____

Proportion Time Protected for Research: _____

For research proposals, does the Principal Applicant meet the definition of the “Principal Investigator” as outlined in SickKids’ [“Research Funding Applications: Eligibility, Review and Approval Policy”](#)

Select one only YES NO

If ‘NO’, please complete the PI sponsor section below (must also be listed as a co-applicant below).

Principal Investigator Sponsor Information:

Name: _____

Telephone Number: _____

Email address: _____

Position:

Primary Job Title: _____

Primary Division/Program: _____

Proportion Time Protected for Research: _____

PI Sponsor agrees to be responsible for official communication with the Research Institute (including communication with the Research Ethics Board) and must provide mentorship and guidance to the principal applicant.

Print Name: _____

Signature: _____

Application Title: _____

Amount Requested (CAD): _____

Co-Applicant(s) Information:

Name: _____ Title: _____

Email: _____ C-GCH staff member YES NO

Name: _____ Title: _____

Email: _____ C-GCH staff member YES NO

Name: _____ Title: _____

Email: _____ C-GCH staff member YES NO

Name: _____ Title: _____

Email: _____ C-GCH staff member YES NO

Declaration of Conflict of Interest:

Please indicate whether the Principal Applicant, and or the any of the Co-investigators on the grant, have any perceived, potential, or real conflicts of interest to declare. Please consult the Canadian Institutes of Health Research (CIHR) [Conflict of Interest Guidelines](#):

Yes

No

If 'Yes', please describe: _____

Checklist:

- Application Form
- Project Plan (5 pages + 1 page for references only, 11-point Arial font, at least 2.5 cm margins on all sides). Appendices are not allowed.

Principal Applicant's Signature

Date

I have read, understood and pledge to adhere to the 2024 SickKids C-GCH Catalyst Grant Competition Guidelines associated with submitting this application. Furthermore, I declare that this project/idea for which I am submitting this application is in no way, shape or form, already being funded or has any overlap with other grants.

Co-Applicant's Signature

Date

Co-Applicant's Signature

Date

Co-Applicant's Signature

Date

Co-Applicant's Signature

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Co-Applicant's Signature

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