**Application Form for 2021 CFDHRE Peer Reviewed Grants**

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| **APPLICATION INSTRUCTIONS**  |
| * **Completed applications are due by 11:59 ET on Monday, February 15, 2021 by email to** **foundation@cfdhre.ca****. Late or incomplete applications will not be accepted.**
* Applicants must submit all information specified in this application form. The application consists of 5 sections
	+ Section A: Research Team and Organization
	+ Section B: Research Proposal
	+ Section C: Budget
	+ Section D: Appendix Checklist
	+ Section E: Attestation
* Applicants should provide information in the most concise format possible, while still providing sufficient details to ensure complete comprehension by reviewers.
* The principal applicant must be a registered dental hygienist in Canada and a [member](https://www.cdha.ca/) of the Canadian Dental Hygienists Association (CDHA), except in the case where s/he is conducting the research as a graduate student and will be the co-applicant while her/his research advisor/supervisor will be the principal applicant. In this case, the dental hygiene co-applicant must still be a member of CDHA.
* All proposals must align with the [CFDHRE’s mission statement](https://www.cfdhre.ca/).
* All proposals must be founded on existing evidence-based oral health research.
* Some questions ask applicants to provide additional information in attachments. These attachments should be included in the email submission of the application form. **It is preferable that this completed application form and all supporting attachments are consolidated into a single pdf document, or at most two pdfs (this completed application form and the consolidated appendices).**
* Proposals will be assessed according to the criteria in the reviewers assessment guide. Applicants are encouraged to review the assessment criteria that the 2021 Peer Review Committee will use to evaluate submissions. Visit CFDHRE’s website for more information.
* Applicants/recipients must adhere to Tri-Council Policy Statements on Ethical Conduct for Research Involving Humans and the framework for Responsible Conduct of Research. These are set out by Canada’s three federal research agencies – the Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council of Canada (NSERC), and the Social Sciences and Humanities Research Council of Canada (SSHRC).
* Knowledge translation is integral to CFDHRE’s mission. Grant recipients are required to submit their completed research in the form of a research article based on the study (or aspect of the study) supported by the grant to the [*Canadian Journal of Dental Hygiene*](https://www.cdha.ca/cdha/The_Profession_folder/The_Canadian_Journal_of_Dental_Hygiene_CJDH_folder/CDHA/The_Profession/CJDH/CJDH.aspx?hkey=e1a5f6ac-ce37-4aeb-81c8-0bcaeafbc85b#/54/3) for possible publication. For details on how to submit a manuscript to the journal, please refer to the journal’s [Guidelines for Authors](https://www.cdha.ca/cdha/The_Profession_folder/The_Canadian_Journal_of_Dental_Hygiene_CJDH_folder/CJDH_Guidelines_for_Authors_folder/CDHA/The_Profession/CJDH/Guidelines.aspx). Wide dissemination of the completed research is encouraged.
* For questions or more information, contact foundation@cfdhre.ca.
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| **SECTION A: RESEARCH TEAM AND ORGANIZATION** |
| **Date submitted** |  |
| **Project title** |  |
| **Project start date and completion date** |  |
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| **Principal applicant****/investigator** --Project leader who will be responsible for the direction of the proposed activities and assumes administrative and financial responsibility for the grant.**🗹 Appendix checklist: Up-to-date curriculum vitae for principal applicant** |
| **Name** |  |
| **CDHA membership #**  |  |
| **Title** |  |
| **Phone** |  |
| **Email address** |  |
| **Organization/Institution** |  |
| **Mailing address** |  |
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| **Co-applicant(s)** -- Individuals who contribute to the proposed research activities.**🗹 Appendix checklist: A brief curriculum vitae for each co-applicant** |
| **Name** |  |
| **CDHA membership #** **(if applicable)** |  |
| **Title** |  |
| **Phone** |  |
| **Email address** |  |
| **Organization/Institution** |  |
| **Mailing address** |  |
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| **Collaborator(s)** Individuals whose role in the proposed research activities is to provide a specific service (e.g., access to equipment, provision of specific training in a specialized technique, statistical analysis, access to a patient population, etc.). If additional space is needed, insert more rows. |
| **Name** |  |
| **Title** |  |
| **Institution** |  |
| **Phone**  |  |
| **Email address** |  |
| **Mailing address** |  |
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| **Designated authority at host institution** The individual at the host institution who is responsible for overseeing the project funds and is usually a member of the research services office or the university–industry liaison office (not the principal applicant).  |
| **Host institution** |  |
| **Name of signatory** |  |
| **Title** |  |
| **Phone** |  |
| **Email address** |  |
| **Mailing address** |  |
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| **Host institution** Describe how the mission, goals and objectives of the applicant’s host institution are aligned with the mission of the CFDHRE. Describe the applicant’s institution’s capacity to support the Research Project.Consider the following when completing this section: Does the organization/institution have previous experience with this type of research project? Does the organization have good knowledge and expertise about this type of research project? Does the organization have the capacity to oversee the financial management of the grant? Does the organization have sound administrative and financial systems?This completed section (the next 4 fields) should not exceed 5 pages, font size 12. |
| **Host institution’s alignment with CFDHRE.**Describe how the mission, goals and objectives of the applicant(s)’ organization/educational institution are aligned with the mission of the CFDHRE. |  |
| **Host institution’s capacity to support the research proposal** |  |
| **Research team** Identify and provide information for members of research team including names, qualifications, experience, and project role/responsibilities. |
| (Type here) |
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| **Project partnerships** Include the following for any partners involved* Roles and responsibilities of each organization
* Project lead at each organization
* How the partnership enhances the ability to develop and deliver this project
* Evidence of partner commitment (letters from partners required)
* How communication will occur and cohesiveness between the organizations
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| (Type here) |
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| **SECTION B: RESEARCH PROPOSAL**  |
| **Is this submission for the 2021 grant tied to dental hygiene research related to COVID-19?** |  |
| **Abstract** Summarize the major components of the research in a sequence that includes the purpose of the study and problem statement under investigation, the basic design of the research and potential results or impact as a result of your analysis. Do not include any tables, figures, graphs or references. Be concise and clear (300 word maximum). |
| (Type here) |
| The remainder this completed section should not exceed 8 pages, font size 12. |
| **Which category of** [**CDHA’s Research Agenda**](https://files.cdha.ca/profession/research/DHResearchAgenda_EN_updated_2020.pdf) **aligns with this proposal?** | 1. Risk assessment and management
2. Access to care and unmet needs
3. Capacity building of the profession
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| **Research problem and justification**  |  |
| **Objectives** Describe research proposal objectives that are appropriate, realistic, and measurable |  |
| **Significance and impact** Explain the rationale, need, significance, and anticipated impact of the research activity |  |
| **Literature review (maximum of 2 pages)** Summarize the findings of your literature review in this section and describe the relevance to the proposal’s purpose and design.**🗹 Appendix checklist: Literature review** |
| (Type here) |
| **Research methodology** Describe the research design and methodology, including the study question and protocol, and specific methods for data collection, analysis and interpretation. **🗹 Appendix checklist: Summary of study protocol (maximum of 2 pages, font size 12)****🗹 Appendix checklist: Copy of data collection tool/instrument, if applicable****🗹 Appendix checklist: Copy of ethics approval, if applicable** |
| (Type here) |
| **Work plan** Describe the activities to be carried out with timelines. |
| (Type here) |
| **Knowledge translation and dissemination plan** Describe when, how and with whom information gained from the research will be shared, translated into practice/policy, and/or inform future research. Consider the following when completing this section: Is the target audience for knowledge translation activities identified and appropriate, is the knowledge translation plan sufficiently comprehensive, does the KT plan involve stakeholders, do the knowledge translation activities have realistic timelines. **Grant recipients are required to submit their completed research in the form of a research article to the *Canadian Journal of Dental Hygiene* for possible publication.** |
| (Type here) |

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| **SECTION C: BUDGET** |
| **Budget summary and details** Describe the financial plan of the proposed project, and more specifically the portion proposed for CFDHRE support relative to the project’s overall budget (under budget plan). Using the line items below, specify amounts for each expenditure (see notes below). If the project spans more than one year, specify.Notes:1. Acceptable expenditures include materials necessary to conduct the research project, or specific administrative costs identified with project activities included in the proposed budget (e.g. statistical consultation, secretarial support, research assistants). A maximum of $1000 may be used to support conference attendance and presentation.
2. Unacceptable expenditures include capital costs (generally defined as a long-term, tangible asset held for business use and not expected to be converted to cash in the current or upcoming fiscal year, such as equipment, or furniture).
3. Indirect or overhead costs are those expenditures incurred in the conduct of research that are not directly attributed to a specific research effort. Applicants are encouraged to petition the sponsoring institution to provide overhead costs as an in-kind contribution. Such costs may include infrastructure and space maintenance, support services for research, environmental health and safety resources, meeting regulatory certification requirements.
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| **Budget plan summary** |  |
| **Personnel (include position, time allocated, salary, and benefits)** |  |
| **Services (may include consultants, sub-contractors)** |  |
| **Evaluation (during project)** |  |
| **Equipment, supplies and materials** |  |
| **Meetings, conferences** |  |
| **Travel incurred by project personnel** |  |
| **Training** |  |
| **Indirect costs (see note 3 above)**  |  |
| **Other costs (specify)** |  |
| **Total support requested from CFDHRE**  |  |
| **Total project costs** |  |
| **Applicant’s own funding** |  |
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| **Funding from other sources** Specify the detailed financial contributions that will be made to the project by other funding agencies or foundations (specify dollar amounts and source).  |
| **Confirmed contributions** | **Contribution 1** | **Contribution 2** | **Contribution 3** |
| **Source** |  |  |  |
| **Amount** |  |  |  |
| **Requested contributions (not yet confirmed)** | **Request 1** | **Request 2** | **Request 3** |
| **Source** |  |  |  |
| **Amount** |  |  |  |
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| **SECTION D: APPENDIX CHECKLIST** |
| The following items must be included with your completed application form. |
| * **1. Curriculum vitae for principal applicant and each co-applicant**
* **2. Literature review**
* **3. Summary of study protocol (maximum of 2 pages)**

Present a summary of the primary objective and outcome, the secondary objectives and outcomes, the study design, sample size, flow diagram of study steps/methods/visits, and brief statement about nature of statistical analysis.* **4. Copies of data collection instruments/evaluation tools**
* **5. Ethics approval, if applicable**

All methodology involving human subjects requires ethics approval. If not required, state accordingly. If required, confirmation of ethics approval must either accompany this application or follow if the proposal is accepted.* **6. Others, as applicable**

It is recommended that applicants include letters of support, when applicable. Additional items may include the project schedule, etc. |
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| **SECTION E: ATTESTATION**  |
| By submitting this proposal:1. The principal applicant/investigator is a registered dental hygienist in Canada and a member of the Canadian Dental Hygienists Association, except in the case where s/he is conducting the research as a graduate student and will be the co-applicant while her/his research advisor/supervisor will be the principal applicant. In this case, the dental hygiene co-applicant must still be a member of CDHA.
2. The applicants have read and understand all the terms and conditions of the CFDHRE grant program set out in this application form and on the CFDHRE website.
3. The applicants understand that the individuals signing below attests that he/she/they has/have provided all necessary documentation to constitute a completed application.
4. The applicants understand and adhere to Tri-Council Policy Statements on Ethical Conduct for Research Involving Humans and Integrity in Research and Scholarship.
5. The principal applicant understands and acknowledges that grant recipients are required to submit their completed research in the form of a research article based on the study (or aspect of the study) supported by the grant to the *Canadian Journal of Dental Hygiene* for possible publication.
6. The principal applicant understands and acknowledges that, should the project be accepted the CFDHRE, no liability and no commitment or obligation exists on the part of CFDHRE to make a financial contribution to the project until a written contribution agreement is signed by CFDHRE and the host institution.

Please sign below to confirm these attestations: |
|  | Principal Applicant | Co-Applicant 1 | Co-Applicant 2 |
| Name |  |  |  |
| Signature |  |  |  |
| Date |  |  |  |
|  | Co-Applicant 3 | Co-Applicant 4 | Co-Applicant 5 |
| Name |  |  |  |
| Signature |  |  |  |
| Date |  |  |  |
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