GUIDELINES FOR APPLICATIONS

APPLICATION PROCEDURE  
  
Grants are made to assist biomedical scientists of various departments and faculties in Ontario universities, hospitals and scientific institutions concerned with medical research. These grants may be distributed among medical research institutions and universities in Ontario.  
  
ONE APPLICATION may be submitted for the annual competition, from any medically oriented faculty. These may be within the health sciences department of a university, or any faculty of that university.  
  
Medical institutes within a university or hospital must be approved to apply independently; otherwise they must apply through the university or hospital research office. Independent research institutes may apply directly.

One application may be submitted by a qualified institution by April 30th  for the annual competition.  
  
CRITERIA  
  
The Foundation will use the following criteria in assessing applications:

1. Projects must have scientific merit and be primarily medical in nature.
2. New researchers seeking start up grants receive priority.
3. New, innovative projects receive priority.
4. Applications submitted should most suitably fit the institutions' requirements and the Foundation's criteria.
5. Supplemental grants may only be made for equipment essential to the described project where main source funding for equipment is unobtainable. Equipment costing more than $10,000, indicate the use, extent of use, availability of similar equipment and the current operating support (see item J{c} on application).
6. Grants are usually within the $25,000 to $80,000 range.
7. Grants are not made to cover deficits, or to supplement a project grant from another granting agency (except for essential equipment).

THE APPLICATION FORM

1. Applications will only be accepted through the on-line granting portal.
2. An application may be submitted from any one university, hospital or private research institute for the annual competition.
3. Applications are only to be submitted by the department which oversees research administration for the institution (i.e. not the individual researcher)
4. The application must be accompanied by:
5. a supporting letter from the Director or Head of the Office of Research Administration, or the equivalent, at that institution
6. the applicant's and co-applicant(s’) curriculum vitae
7. other attachments as noted in the application process
8. The application form must contain the Signatory Form which can be obtained from:

https://www.scotiawealthmanagement.com/ca/en/home/scotiatrust/jp-bickell-foundation.html

or it can be obtained by requesting it from foundation staff by sending an email to the email address noted below.

The grant recipient will be notified within four months of the submission date, and full award amounts will be issued to the institution at that time. All correspondence with regard to the outcome of the competition will be between the Foundation and the Applicant/Office that submitted the application.  
  
Questions should be directed to the Foundation’s email address: [foundations.toronto@scotiawealth.com](mailto:foundations.toronto@scotiawealth.com)

\*All fields with an asterisk are mandatory fields

**A. Organization or Institution Information**

\*CRA Registration Number

\*University/Hospital or Institution Name

\*Legal Name

\*Address

\*City \*Province \*Postal Code

Website Address (if applicable)

**B. Primary Contact for the Organization or Institution**

\*Prefix \*First Name

\*Last Name

\*Title

\*Phone/Mobile \*E-mail Address

**C. Primary Contact for this Application**

Same as Organization Primary Contact

\*Prefix \*First Name

\*Last Name

\*Title

\*Phone/Mobile \*E-mail Address (for communication purposes for this application)

**D. Please complete the information below for each applicant or co-applicant and attach a current curriculum vitae for each.**

**(NOTE: Both may be substituted with the CIHR/c.v. module.) Each C.V. should include the following information:**

- Education - University/Institution, highest degree awarded, in what field and the year of the degree

- Research Training - Institution. Department and Supervisor

- Academic Positions Held (Current and Previous) - Please specify: Start and End dates, Institution, Department and Supervisor

- Publications - Total Number (excluding abstracts) and list papers published during past 5 years indicating abstracts.  
  
(This application is structured to accommodate up to 2 applicants. If more than two applicants, please provide information for additional individuals by uploading a supplementary document to this application)

**a.) Personal Data - Applicant:**

\*Prefix \*First Name

\*Last Name - Applicant

\*Date of Birth

\*Country of Citizenship

**b.) Personal Data - Co-Applicant.** (If no co-applicant, please input "Not Applicable" in the *"Last Name - Co-Applicant"* field)

Prefix First Name

\*Last Name – Co-Applicant

Date of Birth

Country of Citizenship

**E. Project Title and Duration**

\*Project Title

(Limit 60 words)

\*Start Date \*Duration (In whole months)

**F. Brief Outline of Proposed Research Project**

\*Brief Outline of Proposed Research Project

Indicate present state of knowledge, background and relevance of your proposed research objectives; and a brief description of the research to be done, and how you think it accomplishes your objectives. (please limit to a maximum of 500 words. If, in the event the online form is insufficient, please limit your outline to 2 pages, one-sided and single-spaced, and attach as a schedule in the Attachment section of the online application.)

(Limit 500 words)

**G. Research Plan**

**Indicate if the work is to be done by:**

a) the applicant, or  
b) a technical supervised assistant. (If the latter, please provide a full description of qualifications.)

(Limit 125 words)

**H. Supplementary Material**

\***A maximum of two (2) relevant reprints, plus collaborative letter(s), if necessary.**

(These may be attached as a Schedule. If you are opting to attach as a schedule, please indicate this below for ease of reference for the reviewer.)

**I. Funding Sources**

Please provide Other Funding Sources:

(Grants applied for, and received from, other granting agencies for the current year. Give names of agency, amounts requested and, if granted, the period of the grant and title of the project.)

(Limit 100 words)

**J. Proposed Use of Funds and Budgets.** **Please provide details of items to be funded, as indicated below. Please include a subtotal in each section.**

\*a) Operating expenses (ie. salaries, rent, etc.)

(Limit 150 words)

\*b) Other items (ie. expendable supplies, animals, etc.)

(Limit 150 words)

\*c) Equipment (include quotations)

(Limit 100 words)

\*Total Requested

**$**

**Additional Supporting Materials and Attachments**

Documents as noted below may be optional. Required documents to be attached are:

* \*Applicant's current Curriculum Vitae
* \*Institutional Support Letter
* \*Authorized /Signature page\*\*

**Optional:**

* Co-Applicant's current Curriculum Vitae

* Additional co-applicants?

(To be supplied if there are additional co-applicants as noted under Section D)

* Proposed Research Project

(To be supplied if spacing insufficient under Section F)

* Additional Supplementary Material

(To be supplied if spacing insufficient under Section H)

\*\* This document can be downloaded from the Scotia Wealth Management website, and located under Medical research grants by accessing the following website:

www.scotiawealthmanagement.com/ca/en/home/scotiatrust/jp-bickell-foundation.html

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**Disclaimer/Certification**

* You have the authority to complete and submit this application on behalf of your research project and/or research organization
* All the information submitted is accurate and complete
* Have reviewed the guidelines and are submitting this application as you've determined your request matches our granting criteria
* Agree that the information submitted via this application can be viewed by foundation staff and shared freely to make the best possible decision in funding your proposal

\*Name

\*Date

\*By clicking here your organization is agreeing to receive emails related to this application which is a requirement for communicating with the representative of a successful application.