

FUNDING PROGRAM: NATIONAL AND INTERNATIONAL NETWORKING

Vision Health research Network

2017-2018 Competition

SUBMISSION FORM

**Deadline to submit the full application: August 15, 2017**

## Project’s title (identical to the one proposed on the letter of intent):

**Researchers and collaborators (This list must be identical to the one proposed on the letter of intent. It will be use to ensure transparency and avoid conflict of interest in the scientific committee recruitment process.):**

Add the necessary number of lines.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Last name, first name | Principal invest. | Co-investigators | Collaborators | Students | \*Foreing students | Main affiliation, address and e-mail |
| VHRN team |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Outside of Quebec team |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Research axis**:

Retina and Posterior Segment  Cornea and Anterior Segment

Visual impairment and rehabilitation  Brain and Perception

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this project linked to AMD?  yes  no

\*Are you applying for a scholarship complement for a foreign student?  yes  no

\* The foreign student must not be a Canadian citizen and must be enrolled in a university in Quebec.

**SIGNATURES**

Names and signatures of the principal investigators, co-investigators and collaborators

Add the required number of lines.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Signature Date**

**ADMINISTRATIVE INFORMATION**

Complete information of the Finance Director or the representative who will manage the grant

Last name, first name:

Email:

Phone number:

Institution’s name (to which the cheque will be payable to)

**Complete address where the cheque must be sent:** (civic number, office number, street name, city, postal code)

Fund number (if available):

**PROJECT SUMMARY** (in French and English, maximum 10 lines)

Describe, in plain language, the goal of the study, expected results and impact of the collaboration on the national and international visibility of the VHRN team (networking, new collaborations, joint publications, student exchanges, leverage effects, new partnerships).

**PROJECT DESCRIPTION FOR THE YEAR TO COME** (maximum 2 pages, excluding figures, tables and references)

Describe the problem, objectives, methodology, preliminary results and relevance of the project. An annex of a maximum of 2 pages is allowed for figures, tables and references.

**ROLE OF INVESTIGATORS AND COLLABORATORS** (maximum 1 page)

Describe the role of each of the principal investigators, co-investigators and collaborators involved in the project and the link with their expertise. Specify the places where the phases of the project will take place.

**TIMETABLE AND FEASIBILITY** (maximum 1 page)

Describe the timetable of the main stages of the project and the feasibility of this project.

**EXPECTED IMPACT** (maximum 1 page)

Describe the impact of the project on the visibility of the VHRN research team on the national and international level.

\* \* \*

Application will be assessed following the FRQS performance criteria established for the evaluation of its Thematic Networksm, as listed below.

**Please answer to all following items when applicable.**

1. Leverage effect (grants, public or private investments, partnerships with the biopharmaceutical industry or others). Describe and specify amounts.

* Specify the title of the grant, the authors, the funding agency, the dates of beginning and end, and the amounts per year.
* Explain briefly how the Network played a role in the attribution of the grant.
* If it is an “in kind” partnership, describe and estimate the amount

1. Development of new strategic and structuring initiatives
2. National and international visibility
3. Biotechnology development
4. Added value for VHRN members and the scientific community
5. Development of cross-sector projects and poles of excellence
6. Training of the next generation
7. Promotion of clinical research
8. Added value for target community (new treatments, new personalized health care implementation of new health practices or policies).
9. Knowledge transfer, valorization and public communications activities
10. Free access to the results

**BUDGET** (add the necessary number of pages)

Describe the expenses for which the funds are requested for each relevant budget category.

Detail the financial contribution of researchers and staff of national and international teams.

The contributions in kind are accepted, and must be quantified in term of money.

Note: The co-financing of international students directly involved in the collaborative project is strongly encouraged.