

GAP # \_\_\_\_\_

Reviewer: \_\_\_\_\_

## Grant Application Document Tracking Form

How did you hear about this opportunity: Research Administration      The RUN      Other: \_\_\_\_\_  
please specify

**Please submit a completed & signed copy at least 4 weeks before grant deadline via e-mail to [IPR@smh.ca](mailto:IPR@smh.ca)**

Are you submitting a  Letter of Intent/Registration or  Full Grant Application?      Date Submitted: \_\_\_\_\_  
SMH Contact (questions & pick up: **Name:** \_\_\_\_\_      **Ext:** \_\_\_\_\_

### INVESTIGATOR INFORMATION

SMH Investigator: \_\_\_\_\_ Dept: \_\_\_\_\_ Division: \_\_\_\_\_  
Principal:  Co-Investigator:  Junior Investigator (<6yr faculty Appt.):  Senior Investigator:   
List of other Investigators: \_\_\_\_\_

### GRANT APPLICATION INFORMATION

Study Title: \_\_\_\_\_  
Full Name of Funding Agency: \_\_\_\_\_  
Funding Purpose:  Operating  Clinical Trials  Career Award  Infrastructure  Other  
Name of Competition: \_\_\_\_\_  
Application Deadline: \_\_\_\_\_ If awarded, Month & Date when funds will be received: \_\_\_\_\_  
Type of Application:  New  Renewal      Resubmission:  Yes  No      If yes, list agencies: \_\_\_\_\_  
Total amount Requested: \_\_\_\_\_      Years Requested: \_\_\_\_\_  
Is Administering Institution:  SMH  Other, please specify: \_\_\_\_\_  
Research Area:  Dry Bench  Clinical  Other  Basic, if basic has Research Core Facility cost been included  Yes  
Will you receive equipment through this grant:  Yes  No      If yes, do you have approvals and space:  Yes  No  Pending  
Matching funds required:  Yes  No, If Yes, approval received:  Yes  No  Pending      Source & Amount: \_\_\_\_\_

### INTERNAL PEER REVIEW PROCESS (IPRP)- FOR ALL PEER REVIEWED GRANTING AGENCIES & OPERATING GRANTS OF NON PEER REVIEWED AGENCIES

Undergoing IPRP:  Yes  Exempt

Name of reviewers, including email address if not at SMH: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
(3<sup>rd</sup> Optional) 3. \_\_\_\_\_

If exempt, reason:

Name of organization(option 2) \_\_\_\_\_

### CONFLICT OF INTEREST

Conflict of Interest: Does the SMH Investigator or anyone on the Research Team or their family members have a financial or equity interest in the funding agency or any organization that could benefit from the research outcomes (e.g. employment, consulting, endorsement of products to be studied, member of senior management etc.)?  No  Yes if yes, please describe: \_\_\_\_\_

### SIGNATURES

**(If human subjects and/or clinical resources are involved, both signatures are required from PI and Division Chief):**

Principal Investigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Division Chief Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Grant Application picked up by Signature: \_\_\_\_\_ Date: \_\_\_\_\_