

The Crohn's and Colitis Foundation of Canada – Vertex Pharmaceuticals
Sponsored Research Program
Proposal

General Instructions:

Fill in all fields, as directed. Do not delete or make any modifications in the format of any parts of this application form, at any stage of the application process. Contact Investigators should not submit additional files, except for the optional inclusion of Investigator *Curriculum Vitae* (CV) files.

Check this box if separate CV file(s) are supplied.

Submission of Detailed Proposal (confidential phase)

Proposal finalists must submit a more detailed proposal, by completing this document and forwarding it to National Assistant at CCFC. This document should be completed by the Contact Investigator with Co-Investigators, as appropriate. In contrast to "Section One" the Investigator may include confidential information when completing this document; provided that such information is clearly identified as "confidential." At this stage, any conceptual revision or confidential elaboration of the earlier Letter of Intent should be entered in the appropriate fields of this document. In supplying biographical information on Co-Investigators, the Contact Investigator is given the choice of completing a "Biographical Sketch" questionnaire within this document, supplying an independent *Curriculum Vitae*, or both.

When this form is complete, it should be submitted to, National Assistant at CCFC with receipt no later than 6.00 pm (EDT) on **October 27, 2011**. This will constitute the submission of the "Detailed Proposal".

Electronic Submissions:

Submit as a Microsoft Word document, retaining all original formatting, with the following file-name syntax:

"Surname"_"1st Initial"_ Detailed_Proposal_2011.doc

(e.g. for Contact Investigator "G. Howe", submit file-name: **Howe_G_Detailed_Proposal_2011.doc**)

One paper copy + 1 CD or DVD should be sent to:

National Assistant
Crohn's and Colitis Foundation of Canada

600-60 St. Clair Avenue East
Toronto, Ontario, Canada, M4T 1N5
Telephone: 416 920-5035 ext. 228
nationalassistant@ccfc.ca

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Detailed Proposal

Investigators may enter confidential information in this section

Contact Investigator (Last, First, Middle):

1. "CO-INVESTIGATORS" (use this section to list Co-Investigators, key collaborators, or other key project participants)

CATEGORIES (check one for each)

Other INVESTIGATOR # 1 (listed below)

Co-Investigator

Key collaborator

Other key project participant

Other INVESTIGATOR # 2 (listed below)

Co-Investigator

Key collaborator

Other key project participant

2. Other INVESTIGATOR # 1 (or key collaborator, or other key project participant)

2a. NAME (Last, first, middle)

2b. DEGREE(S)

2h. Time as Investigator
YEARS

2c. POSITION TITLE

2d. MAILING ADDRESS (*Street, city, province, postal code*)

2e. Co-Investigator's DEPARTMENT OR EQUIVALENT

2f. Co-Investigator's UNIVERSITY AFFILIATION

2g. TELEPHONE AND FAX (*Area code, number and extension*)

TEL:

FAX:

E-MAIL ADDRESS:

2h. Indicate obtained consent of this investigator to (i) be named in this proposal and (ii) to comply with all program requirements, by checking this box

3. Other INVESTIGATOR # 2 (or key collaborator, or other key project participant)

3a. NAME (Last, first, middle)

3b. DEGREE(S)

3h. Time as Investigator
YEARS

3c. POSITION TITLE

3d. MAILING ADDRESS (*Street, city, province, postal code*)

3e. Co-Investigator's DEPARTMENT OR EQUIVALENT

3f. Co-Investigator's UNIVERSITY AFFILIATION

3g. TELEPHONE AND FAX (*Area code, number and extension*)

TEL:

FAX:

E-MAIL ADDRESS:

3h. Indicate obtained consent of this investigator to (i) be named in this proposal and (ii) to comply with all program requirements, by checking this box

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4. Contact information for Technology Transfer (or equivalent) office for Institution review of funding agreement	
4a. NAME/TITLE	E-MAIL ADDRESS:
4b. MAILING ADDRESS <i>(Street, city, province, postal code)</i>	
4c. TELEPHONE AND FAX <i>(Area code, number and extension)</i> TEL: _____ FAX: _____	

Signatures: (please print name below signature Applicant(s))	Head of Department*	Dean of Faculty*
Date:	Date:	Date:
Signatures: (please print name below signature Applicant(s))	Head of Department	Dean of Faculty
Date:	Date:	Date:
Signatures: (please print name below signature Applicant(s))	Head of Department	Dean of Faculty
Date:	Date:	Date:

* Signatures of “Head of Department” and “Dean of Faculty” required only once if all applicants are from the same Institution

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Contact Investigator (Last, First, Middle):

5. Other INVESTIGATOR # 1 “BIOGRAPHICAL SKETCH” Information Provided Below CV Attached

**DO NOT EXCEED THE SPACE PROVIDED ON THIS FORM
APPLICANTS WISHING TO SUPPLY MORE DETAIL MAY ATTACH A SEPARATE CURRICULUM VITAE**

NAME	POSITION TITLE
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EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

A. Positions and Honors. List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any federal government public advisory committee.

B. Selected peer-reviewed publications (in chronological order). Do not include publications in preparation. (Note: do **not** include copies of publications with this submission)

C. Research Support. List select **funded** research projects, ongoing or completed during the last five years. Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate one or two key goals of the projects, your role (e.g. Investigator, Co-Investigator, Consultant) in the project, and the sources of the funding. Total award amounts may be entered, but percent effort is not required.

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Contact Investigator (Last, First, Middle):			
6. Other INVESTIGATOR # 2 "BIOGRAPHICAL SKETCH"		Information Provided Below <input type="checkbox"/>	CV Attached <input type="checkbox"/>
DO NOT EXCEED THE SPACE PROVIDED ON THIS FORM APPLICANTS WISHING TO SUPPLY MORE DETAIL MAY ATTACH A SEPARATE CURRICULUM VITAE			
NAME		POSITION TITLE	
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

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Contact Investigator (Last, First, Middle):

7. UPDATES, REVISIONS OR CONFIDENTIAL AMENDMENTS TO LETTER OF INTENT

DESCRIPTION:

Provide here any revisions to the original Letter of Intent. These could constitute updated concepts, additional information (may be of confidential nature) or any revision of thinking since the submission of the "Pre-proposal". Type "NA" if no revisions.

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Contact Investigator (Last, First, Middle):

8. RESEARCH FIELD INTRODUCTION AND RELEVANT HISTORY

DESCRIPTION:

Provide a brief introduction to the area of investigation. Elaborate, and place into context within the field, any relevant scientific research and/or publications from the Contact Investigator or Co-Investigator's, especially any significant past or currently funded research related to the proposal.

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Contact Investigator (Last, First, Middle):

9. RESEARCH OBJECTIVES

DESCRIPTION:

- (a.) describe your specific research objectives in order of priority
- (b.) for each objective, estimate the cost and time required for completion
- (c.) identify any objectives that may require more time to complete or are contingent upon completion of earlier stage objectives

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Contact Investigator (Last, First, Middle):

10. RESEARCH PLAN OUTLINE

DESCRIPTION:

- (a.) describe the experimental methods you will utilize to achieve each objective
- (b.) provide a 12 month work performance schedule (GANNT chart optional)
- (c.) describe the anticipated results and potential impact if executed successfully
- (d.) succinctly justify any external contracted research work, whether by CRO or other academic institutes for which funds are being requested

DO NOT EXCEED THREE (3) PAGES

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Contact Investigator (Last, First, Middle):

11. RESEARCH PROGRESS METRICS AND MILESTONES

DESCRIPTION:

- (a.) describe objective technical milestones, and the criteria that will be used to determine if the specific aims have been achieved.
- (b.) describe key risks (beyond the control of the investigator) that could potentially jeopardize the successful attainment of key objectives.

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Contact Investigator (Last, First, Middle):

12. INTELLECTUAL PROPERTY

DESCRIPTION:

- (a.) describe any inventions you have already made related to the proposed research.
- (b.) provide a statement about the current status or stage of the invention.
- (c.) describe how the proposed research will add value to or enhance the invention's patentability and/or commercial potential and/or importance.

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Contact Investigator (Last, First, Middle):

13. BUDGET

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BUDGET CATEGORY TOTALS	INITIAL BUDGET PERIOD - 2012	ADDITIONAL YEAR OF SUPPORT REQUESTED (2013)
PERSONNEL - Positions #1 <i>(Include salary & fringe benefits)</i>		
PERSONNEL - Positions #2 <i>(Include salary & fringe benefits)</i>		
PERSONNEL - Positions #3 <i>(Include salary & fringe benefits)</i>		
PERSONNEL - Positions #4 <i>(Include salary & fringe benefits)</i>		
SUPPLIES		
EXTERNAL CRO WORK ⁽¹⁾		
OTHER EXPENSES ⁽²⁾		
TOTAL COSTS		

TOTAL COSTS FOR ENTIRE PROPOSED PROJECT PERIOD \$

JUSTIFICATION COMMENTS:
⁽¹⁾ Make sure to briefly define all external contracted research work, whether by CRO or other academic institutes. Justification of such work should be provided here or in the "RESEARCH PLAN OUTLINE".
⁽²⁾ Define "Other Expenses"
 Also indicate any funds (%'s or \$ amounts) that will be redirected to Co-Investigator laboratories, justifying the redirection by and briefly defining the activities.