UNIVERSITY INTERNAL MEDICINE RESEARCH FOUNDATION

COVID-19 Emergency Bridge Funding

**Application Deadline: April 7, 2020**

Please complete and return to [DoMResearch@nshealth.ca](mailto:DoMResearch@nshealth.ca), Department Of Medicine Research Office.

The UIMRF application form must be completed and filed electronically with the Research Office by the appropriate deadline above.

All applications will be reviewed internally for urgency of funding need in context of research merit and evidence of attempts to re-deploy staff to clinical areas and projects that are running. Based on these ratings a recommendation for, and amount of, funding will be determined.

Applicants are encouraged to carefully review the Terms of Reference for the COVID-19 Emergency Bridge Funding program to ensure eligibility. Any questions regarding eligibility should be directed to the Research Director, Department of Medicine.

**Types of Grants:**

In general, funding is available to support urgent research team needs such as support for critical research personnel or operations to preserve infrastructure in the setting of the COVID-19 pandemic.

Investigators are strongly encouraged to take advantage of other funding sources that may be available, including Divisional and overhead research accounts.

All reasonable efforts must be made to attempt to re-deploy qualified staff to work on research projects that are currently running or to re-deploy fully or partially to clinical work where applicable. This is essential to support rapid escalation of COVID-19 related research in our Department and Institutions and also to support clinical care needs.

Attempts will be made by the Research Committee to match recipients of UIMRF funding to research projects (e.g. COVID related studies) that are underway within the DOM and require person power. This is with the goal of optimizing use of both funds and expertise to further Departmental research goals.

The award amount is subject to availability of funds. Please carefully consider the amount requested, understanding that available funds are finite and need to support many of our colleagues’ research teams.

APPLICANT CHECKLIST

Please complete and return with application to   
[DoMResearch@nshealth.ca](mailto:DoMResearch@nshealth.ca), Department Of Medicine Research Office.

Principal Investigator: Date:

**To be provided by applicant:**

One complete copy (including any attachments and appropriate signatures) of the application form.

Appropriate institutional REB approval for the project(s) the team & staff were working on, including any recent amendments in the setting of COVID-19 as applicable.

This request/staff re-deployment need has been forwarded to NSHA COVID Research Coordination Node at the email address [COVID19Research@nshealth.ca](mailto:COVID19Research@nshealth.ca) using the subject title “COVID-19 Research” and providing information about your study and your contact information: Yes / No

Partial or full-redeployment of research staff to clinical work (if applicable) has been considered: Yes/No

**Please note:**

* Funds may be requested for salaries (plus benefits) for technicians and/or research assistants/coordinators, and for essential operations. In the event that funds will be used to bridge support family members, the Research Director and Department Head must be notified and information regarding his/her qualifications and specific circumstances must be explicitly stated.
* It is necessary for all clinical research at the Nova Scotia Health Authority have approval from the NSHA Research Ethics Board. All clinical research to be performed must follow ICH guidelines.

**APPLICATION FORM**

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|  | **Division(s):** | |  | | | | | | | | | |  |
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|  | **Principal Applicant:** | | | | | | | | | | | | |
| Name: | | | | Appointment: | | Division: | | | | Email: | | |
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|  | **Co-Applicants:** | | | | | | | | | | | | |
| Name: | | | Appointment: | | Division: | | | Faculty: | | | Institution: | |
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|  | **Title of research team or project being bridged:** | | | | | | | | | | | | |
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|  | **Summary of Funds Requested:** | | | | | | | | | | | | |
|  | | | | | | | | | Amount Requested: | | | |
|  | 1. Personnel – Salaries, fringe benefits, etc. | | | | | | | | $ | | | |
|  | 1. Research Operating Costs | | | | | | | | $ | | | |
|  | 1. Other | | | | | | | | $ | | | |
|  | | | | | | | Total: | | $ | | | |
|  | | | | | | | | | | | | |
|  | **Budget Justification and Research Staff Expertise:** Briefly provide justification of the budget required. Note that this award is intended to bridge research teams for a four month period. Please briefly summarize the experience and expertise of each individual research staff member for whom support is being sought. (Maximum approx. 1 page) | | | | | | | | | | | | |
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|  | **Operations Status, Research Staff Re-Deployment Attempts:** a) Briefly provide any relevant details regarding REB and operations status for the usual work of this team. Please focus on how the COVID-19 pandemic has impacted this research team, and why this request is urgent in the current context.  b) Please describe efforts at re-deployment and/or provide justification of why research staff cannot be re-deployed to work in clinical positions or on other research projects, including with other teams or projects (e.g. coordinated through the NSHA COVID Research Coordination Node). (Maximum approx. 1 page) | | | | | | | | | | | | |
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| Acceptance of a grant constitutes an agreement that: | | | |
|  | 1. The stipulations of the Nova Scotia Health Authority and/or Dalhousie Research Ethics Committees on human experimentation will be observed (if applicable). 2. The guidelines of the Canadian Council on Animal Care with respect to animal experimentation will be observed (if applicable). 3. The Tri-Council guidelines for handling recombinant DNA molecules and animal viruses and cells will be observed (if applicable). 4. The applicant(s) has read and agrees with the Faculty of Medicine’s Research Policies and Procedures (found at <https://medicine.dal.ca> under Research) | | |
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| **Signatures:** | | | |
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| *PI and Co-applicant(s):* | |  | *Division Head(s):* |
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| *Department Head:* | | (DoM Research Office will obtain Department Head signature during application review process) | |
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| **Details of funds requested:**  Attach additional pages if necessary | | | | | | | | | | | | |
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| Required funding for: | |  | | , |  | to | |  | | | , |  |
|  | | Month | |  | Year |  | | Month | | |  | Year |
|  | | | | | | | | | | | | |
| Funds will be held at:  NSHA  Dalhousie | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| ITEM | | | | SUBTOTAL | | | | | TOTAL | | | |
| A. Personnel: | | | | | | | | | 1. $ | | | |
| Research Coordinator\* | | | | $ | | | | |
| Technician/Research Assistant salary\* | | | | $ | | | | |
| Fringe benefits: % | | | | $ | | | | |
| B. Research Operating Costs (list – add lines as needed) | | | | | | | | | B. $ | | | |
|  | | | | $ | | | | |
|  | | | | $ | | | | |
|  | | | | $ | | | | |
| C. Other – please specify | | | |  | | | | | C. $ | | | |
|  | | | | $ | | | | |
|  | | | | $ | | | | |
|  | | | | $ | | | | |
| TOTAL: | | | | | | | | | $ | | | |
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| \* Names and qualifications of salaried persons should be given. | | | | | | | | | | | | |
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| **Supporting documentation:** | | | | | | | | | | | | |
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| **(a)** | **All current operating and personnel support received from other granting agencies for research (principal investigator only).** Attach additional pages if required. | | | | | | | | | | | |
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| Title of Project or Name of Person | | Source | | | | Dates | | | Amount | | |
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| **(b)** | Please briefly justify why the support for personnel and operations applied for through UIMRF cannot be bridged through existing grant funding. (Maximum ½ page) | | | | | | | | | | | |
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