

Name of Principal Applicant (last name, first name)	Amount Requested
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**DRUCKER FAMILY INNOVATION FUND GRANTS 2024/2025
APPLICATION SUBMISSION INSTRUCTIONS**

Format: Text throughout must be single spaced. Font size must not be smaller than 12, Times Roman or similar.

E-mail items 1 through 4 below to diabetes.bbd@utoronto.ca as one PDF document in the order listed. Do not add security features to the PDF document such as password protection. The document should not exceed 10 MB in size.

- 1. A completed and signed application form**
- 2. CV of principal applicant and all co-applicants.** Submit a Canadian Common CV printed in CIHR format (program or academic). Limit information to the past 5 years. If a Common CV is not available, applicants may submit a University of Toronto Web CV printed in curriculum vitae format. Limit information to the past 5 years. If there has been an interruption in pursuit of the applicant or co-applicant's scientific career, please provide an explanation and attach to the applicant's CV. Include length and reason for the scientific career interruption.
- 3. Letters of Collaboration.** If contributions from collaborators are expected, each collaborator listed on page 2 of this application must provide a signed letter describing the services to be provided. The letter(s) should be given to the principal applicant to be included with the application.
- 4. Publications.** Up to 2 manuscripts or publications relevant to this proposal may be included.

Note on Ethics Approvals and Certifications: If this research involves human subjects, animals, biohazards or stem cells, the successful principal applicant will be required to obtain approvals from his/her institution by the time of funding commencement on July 1. Approvals are not required to be submitted with this application; however, funds will not be released to successful applicants until all approvals have been obtained.

APPLICATIONS MUST BE RECEIVED BY 4 P.M., SEPTEMBER 19, 2023. Late or incomplete applications will not be considered.

The BBDC will confirm all applications received by e-mail. If you do not receive confirmation of application receipt, please send a separate e-mail requesting confirmation.

If you have difficulty submitting a large size application by e-mail, please contact Rose LaBarbera for alternate submission instructions.

Inquiries:

Rose LaBarbera
Banting & Best Diabetes Centre
Phone: (416) 978-4656
E-mail: diabetes.bbd@utoronto.ca

DRUCKER FAMILY INNOVATION FUND GRANTS 2024/2025

Name of Principal Applicant (Last name, first name)	Institution	U of T Faculty and Department
Name of Co-applicants (Last name, first name)	Institution	Faculty and Department
Primary Location Where Research Will Be Conducted:		
Title of Research:		
Total amount requested for 1-year research project: \$ _____		
List collaborators on this research project (full name and institution) (Each collaborator listed here must provide a signed letter describing the services to be provided. Attach letters to this application.)		
Mailing Address of Principal Applicant:	Phone:	
	Email:	

BUDGET

- Ensure that the \$50,000 budget reflects the one-year funding period.
- Eligible Expenses: Supplies, materials and services related to the research project, research staff and trainee support
- Ineligible Expenses: Investigators' salaries, equipment purchase or equipment-related expenses, investigator travel to conferences or attendance of virtual conferences, institutional overhead fees

Research Staff/Trainees	Number	Salary	Benefits	Total
				\$
				\$
				\$
				\$
Total Personnel:				\$

Animals	\$
Expendables	\$
Services	\$
Other materials and supplies	\$
Total Materials & Supplies:	\$

TOTAL REQUEST \$ _____

BUDGET JUSTIFICATION

Justify the need for each item and amounts requested on the previous BUDGET page.

Name of Principal Applicant:

Title of Research:

SUMMARY OF RESEARCH PROPOSAL IN LAY LANGUAGE

Provide a clear summary of the research proposal in lay language. Think about how you would explain the project to someone who does not have a scientific or medical background. Provide background, hypothesis, objective(s), approach, research plan, and relevance to diabetes in the simplest terms possible. Use straightforward, non-technical language and spell out or describe acronyms and abbreviations. Do not exceed this space.

RESEARCH PROPOSAL (Page 1 of 2)

Include background, hypothesis, specific aim(s), objective(s), and research plan. The emphasis is on innovation and potential transformation of a field. Grants are \$50,000, one-year awards. Therefore, the scope of the proposal and budget must reflect this otherwise the application will be given a low score for feasibility.

Proposal must not exceed the 2 pages provided in this application form. Limit figures and tables to 2 additional pages which have been provided in this application form. References may be listed on pages 10 and 11.

RESEARCH PROPOSAL (Page 2 of 2)

FIGURES AND TABLES FOR RESEARCH PROPOSAL (Page 1 of 2)

Do not exceed the 2 pages provided.

FIGURES AND TABLES FOR RESEARCH PROPOSAL (Page 2 of 2)

If this page is not needed, leave it blank.

REFERENCES FOR RESEARCH PROPOSAL (Page 1 of 2)

Use the following two pages to list references only. Do not exceed the 2 pages provided.

REFERENCES FOR RESEARCH PROPOSAL (Page 2 of 2)

If this page is not needed, leave it blank.

RESPONSE TO REVIEWERS' COMMENTS FROM PREVIOUSLY SUBMITTED APPLICATION (IF APPLICABLE)

If this research proposal was submitted to a previous Drucker Family Innovation Fund Grants competition, provide a response to the reviewers' comments or concerns with the previous application. What fundamental changes have been made since the previous submission? Do not exceed this space.

INNOVATION JUSTIFICATION

Justify this proposal as being a highly innovative research project. For all established investigators listed on this application, explain clearly how this project constitutes a highly innovative new direction in diabetes research for you and is not just an extension of ongoing research efforts. Explain why the proposal cannot be funded from your currently held support. Do not exceed this page.

FUNDING OVERLAP

TO BE COMPLETED BY THE PRINCIPAL APPLICANT AND EACH CO-APPLICANT.

The principal applicant and co-applicants are required to inform the BBDC of any related support currently held or applied for from other funding sources, and to what extent, if any, such support overlaps with the this Drucker Family Innovation Fund Grant request. In the event that a successful applicant is also offered funding by another agency, the applicant must notify the BBDC within 2 weeks of receiving the offer. The applicant must accept funding from the other agency.

In the space below, list any overlap of funds with this application and support currently held or applied for by the principal applicant or co-applicants.

NAME OF INSTITUTION AND FINANCIAL OFFICER WHO WILL ADMINISTER THE FUNDS

The grant is to be administered by the institution where the research will take place (i.e., the University of Toronto or affiliated hospital research institute).

Name of Institution:	Name of Research Financial Services Officer:
Address of Research Finance Office:	Phone:
	E-mail:

SIGNATURES

Signing this application form constitutes an agreement of the terms and conditions set out by the Drucker Family Innovation Fund Grants program. The principal applicant certifies that the information provided in this application is true and complete.

If the grant is to be administered by the University of Toronto, the application should be signed by the University Department Chair. If the grant is to be administered by a hospital research institute, the application should be signed by the Hospital Research Institute Director. Digital signatures are acceptable.

Principal Applicant	University Department Chair	Hospital Research Institute Director
Print Name:	Print Name & Title:	Print Name & Title:
Signature:	Signature:	Signature:
Date:	Date:	Date:

SIGNATURES OF CO-APPLICANTS

Each co-applicant listed on page 2 of this application must sign this application. Digital signatures are acceptable.

Print name:	Signature:	Date:
Print name:	Signature:	Date:
Print name:	Signature:	Date:
Print name:	Signature:	Date:
Print name:	Signature:	Date: