Name of Applicant (last name, first name):

## BANTING & BEST DIABETES CENTRE NOVO NORDISK-BBDC NEW INVESTIGATOR AWARD 2024–2026 APPLICATION SUBMISSION INSTRUCTIONS

Format: Single spaced text. Text size must not be smaller than 12-point font, Times Roman or similar.

<u>E-mail items 1 through 6 below to diabetes.bbdc@utoronto.ca</u> as one <u>PDF document in the order listed.</u>

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. The applicant's CV. Submit a Canadian Common CV in CIHR format (program or academic). Limit information to the <u>past 5 years</u>. If a Common CV is not available, applicant may submit a University of Toronto Web CV printed in curriculum vitae format. Limit information to the <u>past 5 years</u>. If there has been an interruption in pursuit of the applicant's scientific career, provide an explanation and insert after the application form and before the CV. Include length and reason for the interruption.
- **3. Publications.** Attach up to 2 key manuscripts or publications of the applicant's work from the last 5 years.
- 4. Clinician-scientists requesting full or partial use of this award for personal salary support must provide a single supporting letter signed by <u>both</u> the University Department Chair and Hospital Division Director. The letter must confirm that the applicant holds or will hold the job description of Clinician-Scientist with a minimum of 75% of time protected for research for the duration of the award. The letter should be given to the applicant to be included with the electronic application submission.
- 5. If the applicant's University of Toronto appointment is pending, include a brief letter from the University of Toronto Department Chair confirming the appointment and start date. Items 4 and 5 can be combined into one letter if applicable.
- 6. Equipment Quotation(s). If purchasing equipment up to \$10,000, attach cost quotation or service contract.

## Items to be forwarded separately:

7. Two reference letters. Letters should be e-mailed by the referees directly to the BBDC at <a href="mailed-bbdc@utoronto.ca">diabetes.bbdc@utoronto.ca</a>.

APPLICATIONS AND REFERENCE LETTERS MUST BE RECEIVED BY 4 P.M., OCTOBER 24, 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 email 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 Phone: (416) 978-4656

E-mail: diabetes.bbdc@utoronto.ca

## BANTING & BEST DIABETES CENTRE UNIVERSITY OF TORONTO NOVO NORDISK-BBDC NEW INVESTIGATOR AWARD 2024-2026

Applicant's Last Name:	Applicant's First and Middle Names:
Current Mailing Address:	
	Phone (work):
	E-mail:
Location where the candidate would hold the award:	
Date of first university faculty appointment, or hospital resoccurred first.	search institute appointment as a Scientist. List whichever
DD/MM/YYYY:	
Current University of Toronto academic rank, faculty, and de clinician-scientist with a minimum 75% time protected for research	
If University of Toronto appointment is pending, indicate ex letter from the University of Toronto Department Chair confi	
Title of Research Proposal:	
•	
List Collaborators (full name and institution) (for the purpose	se of avoiding conflict of interest during reviewer assignment)
List the name, position, and location of two (2) individuals we should be e-mailed by the referee directly to the BBDC at 0	

RESEARCH ACCOMPLISHED (Page 1 of 2)	
a)	Summarize the research you have been engaged in over the last <u>five</u> years and the results obtained. Do not exceed the 2 pages provided.
b)	Attach a maximum of two (2) key submitted manuscripts or publications of your work during this five-year period.  Attach manuscripts or publications to the end of the application after the CV.

If this page is not needed, leave it blank.

Name of Applicant:	
SUMMARY OF RESEARCH PROPOSAL IN LAY LANGUAGE	
Provide a clear summary of the research proposal in <u>lay language</u> . Think about how you would explain the project to someone who does not have a scientific or medical background. Provide a brief background, hypothesis, objective(s), 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)	
<ul> <li>Include the rationale for the choice of particular methods and approaches.</li> <li>The objective(s) and research plan should be clearly described.</li> <li>This outline should take the form of a concise summary of the current state of knowledge relating to the work proposed, and relevant work done by you.</li> </ul>	
Proposal must not exceed the 2 pages provided in this application form. Limit figures and tables to 2 additional pages which have been provided. 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.	

RELEVANCE TO DIABETES
<b>Explain how this project is directly relevant to diabetes.</b> Do not exceed this space. (This funding program supports original discovery-based fundamental or clinical research in diabetes that would be published in peer-reviewed journals. Research proposals can include any aspect of laboratory, animal, human, or clinical or health services research. Areas of research which are considered relevant to diabetes include the pathogenesis of diabetes or its complications, homeostatic or pathological pancreatic islet function, or metabolism, pharmacological mechanisms of drug or hormone action, biochemical or molecular aspects of biological or pathological processes, or research in population health or health services.)
RESEARCH FACILITIES
Describe the research facilities and equipment at your disposal. Do not exceed this space.

PROPOSED USE OF FUNDS AND JUSTIFICATION:		
Funds may be used for diabetes research support and/or for the personal salary support of a clinician-scientist. Indicate the amount requested and the way(s) in which you would use these funds. If using funds for multiple purposes, provide a detailed breakdown of how funds will be spent. Fully justify the proposed use of funds. Do not exceed this space.		
• Funds may be used for diabetes research support (e.g., supplies; materials; services; salary support for trainees and research staff; trainee and investigator travel to conferences or attendance of virtual conferences). Up to \$10,000 may be used to purchase equipment.		
•	Requests from clinician-scientists for full or partial use of funds for personal salary support will be considered but must be accompanied by a letter from the Department Chair and Division Director (see page 1, item 4 of this application form for details).	
•	Requests from non-clinician faculty for personal salary support will not be considered.	

NAME OF INSTITUTION AND FINANCIAL OFFICER WHO WILL ADMINISTER THE FUNDS			
The funds should 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 in the Novo Nordisk-BBDC New Investigator Award in Diabetes Research. The applicant certifies that the information provided in this application is true and complete in every respect.			
If the grant will be administered by the University of Toronto, the application must be signed by the University Department Chair. If the grant will be administered by a hospital research institute, the application must be signed by the Hospital Research Institute Director. Digital signatures are acceptable.			
Applicant	University Department Chair		Hospital Research Institute Director
Print Name:	Print Name & Title:		Print Name & Title:
Signature:	Signature:		Signature:
Date:	Date:		Date: