



Application Number

**APPLICATION TO TRANSFER GRANT(S) TO AN ELIGIBLE CANADIAN INSTITUTION**

Funding program(s)	CIHR	Rx&D	SME	Salary Support	CIHR	Rx&D	SME		
Operating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New Investigator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Randomized Controlled Trials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Research Resource Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Senior Investigator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CIHR Team Grant*	<input type="checkbox"/>			Senior Research Fellowship (Phase 2)	<input type="checkbox"/>				
Emerging Team Grant*	<input type="checkbox"/>			Clinician Scientist (Phase 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catalyst Grant	<input type="checkbox"/>							New	Renewal
New <input type="checkbox"/> Renewal <input type="checkbox"/>				Research Chair		<input type="checkbox"/>	<input type="checkbox"/>		
Funding Reference Number (FRN):									

\* A letter of intent to CIHR must precede submission to these programs.

Competition Date:

Proposed Start Date (MM/YYYY) | (Salary Programs Only)

**Nominated Principal Applicant / Candidate**

Surname

Given Names

Project Title:

Primary location where research will be conducted

Department

Faculty

Is this a multi-center study?

Yes

No

Institution which will administer project funds (Institution Paid)

**CERTIFICATION REQUIREMENTS**

If this research will involve any of the following, check the box(es). If the grant is awarded, the necessary certification requirements must be met in accordance with policies on ethical conduct of research.

Human subjects       Human stem cells       Animals       Biohazards       Environmental assessment

A requirement for containment  Level  1  2  3  4

Does this application include a Randomized, Controlled Trial?  Yes  No

Period of support requested: (For Grants only)  Years  Months

Language in which proposal is written  English  French

**Amount Requested from CIHR in First Full Year (For Grants only)**

Operating

Equipment

Total requested

It is agreed that the general conditions governing Grants and Awards, as well as the statement "Meaning of Signatures on Application Forms" as outlined in the Canadian Institutes of Health Research Guides apply to any grant or award made pursuant to this application and are hereby accepted by the applicant(s) and the applicant(s)' employing Institution(s).

The nominating institution recommends this candidate for the salary support award and undertakes (1) to provide adequate accommodation and research facilities, (2) to provide the candidate with an appointment which allows him/her the time to pursue the proposed research (a faculty appointment for those working in a University or affiliated Institution) and freedom to publish the results of the research in the public domain.

Signature of President or Principal of Institution	Signature of Head of Department	Signature of Dean of Faculty or Director of Institution
Print Name:	Print Name:	Print Name:
Date:	Date:	Date:

Name of Nominated Principal Applicant/ Candidate and Primary location of Research	Total Grant Amount Requested from CIHR (1 <sup>st</sup> year)
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**Signatures**

List all applicants in the following order: Nominated Principal Applicant / Candidate, Principal Applicants and Co-Applicants. Print additional pages if necessary.

It is agreed that the general conditions governing Grants and Awards, as well as the statement "Meaning of Signatures on Application Forms" as outlined in the Canadian Institutes of Health Research Guides apply to any grant or award made pursuant to this application and are hereby accepted by the applicant(s).

Name	Given Names	Role	Signature
Institution	Department	Faculty	Date
Name	Given Names	Role	Signature
Institution	Department	Faculty	Date
Name	Given Names	Role	Signature
Institution	Department	Faculty	Date
Name	Given Names	Role	Signature
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Name	Given Names	Role	Signature
Institution	Department	Faculty	Date
Name	Given Names	Role	Signature
Institution	Department	Faculty	Date

**APPLICANTS' ORGANIZATIONS AND/OR SUPPORTING ORGANIZATIONS (if organization different from Page 1)**

An authorized official from each institution other than the Institution Paid must sign this page. Additional Signature Pages will be accepted.

It is agreed that the general conditions governing grants and awards in the Grants and Awards Guides, as well as the statement "Meaning of Signatures on Application Forms?" apply to any grant or award made pursuant to this application and are hereby accepted by the organization.

Family name and given name of signing officer, title of position, and name of organization	Signature