

## Background

### Applicant Information

(Carefully read the instructions before completing this form)

#### 1. Applicant Information

Your User Profile information appears below however this section should indicate where the research described within this proposal will take place (change as necessary). NOTE: Your User Profile is always considered your current mailing address. The address listed here will be used to advise you of the outcome of this competition only.

- |                   |          |                          |                          |                          |                            |
|-------------------|----------|--------------------------|--------------------------|--------------------------|----------------------------|
| a. Applicant Name | Title    | <input type="radio"/> Dr | <input type="radio"/> Mr | <input type="radio"/> Ms | <input type="radio"/> Prof |
| b. Institution    |          |                          |                          |                          |                            |
| c. Department     |          |                          |                          |                          |                            |
| d. Address 1      |          |                          |                          |                          |                            |
| e. Address 2      |          |                          |                          |                          |                            |
| f. Address 3      |          |                          |                          |                          |                            |
| g. Address 4      |          |                          |                          |                          |                            |
| h. Country        |          |                          |                          |                          |                            |
| i. City           | Province |                          |                          | Postal Code              |                            |
| j. Phone          | Ext      |                          |                          | Fax                      |                            |
| k. e-Mail Address |          |                          |                          |                          |                            |
| l. Designation    |          |                          |                          |                          |                            |

#### 2. Project Information

The title entered when the application was created is indicated. Please avoid typing in ALL CAPS. In addition, ensure the end date of your project is updated.

- |   |                           |                          |  |
|---|---------------------------|--------------------------|--|
| a. Project Title  |                           |                          |  |
| b. Is Financial Institution the same as the Research Institution? (Please select Yes or No)               | <input type="radio"/> Yes | <input type="radio"/> No |  |
| c. If No, provide Financial Institution name  |                           |                          |  |
| d. Project Start Date   | End Date                  |                          |  |
| e. Amount of Funds Requested  | Project Cost              |                          |  |
| f. Type of application: Note: maximum 1 application allowed per PI  |                           |                          |  |
| <input type="radio"/> Initial Application   |                           |                          |  |
| g. Indicate the number of years of support requested (up to 2)  |                           |                          |  |
| h. Is this application being submitted in French? (Note that all review panels are conducted in English.) | <input type="radio"/> Yes | <input type="radio"/> No |  |

**3. Contact Information**

Enter any Co-Principal Investigator, Co-PI (Implementer/Decision-maker), Co-Applicant, Additional Author, Patient/Survivor/Caregiver, Implementers/Decision-makers, Collaborator and Financial Officer information as applicable to your application. Provide full addresses, including department name/affiliation for each participant. Use the lookup feature and enter their e-mail address in the field provided as the search criteria. The form will be auto-populated with their contact information as it appears in their user profile. If they do not have a profile, enter the details as required. CVs, letters of support or collaboration are required at the full application stage. For Implementers/Decision-makers – both a CV and letter of support must be included (collated and uploaded as 1 PDF).

NOTE: Changes to the applicant list after the abstract registration deadline are permitted, but must be provided to the CCS as they are determined.

## a. Additional Author

Name  
 Title  
 Institution  
 Department  
 Address 1  
 Address 2  
 Address 3  
 Address 4  
 Country  
 City Province Postal Code  
 Telephone Fax  
 E-Mail Address

## b. Co-Applicant

Name  
 Title  
 Institution  
 Department  
 Address 1  
 Address 2  
 Address 3  
 Address 4  
 Country  
 City Province Postal Code  
 Telephone Fax  
 E-Mail Address

## c. Collaborator

Name  
 Title  
 Institution  
 Department  
 Address 1  
 Address 2  
 Address 3  
 Address 4  
 Country  
 City Province Postal Code  
 Telephone Fax  
 E-Mail Address

## d. Co-Principal Investigator

Name  
 Title  
 Institution  
 Department  
 Address 1  
 Address 2  
 Address 3  
 Address 4  
 Country  
 City Province Postal Code  
 Telephone Fax  
 E-Mail Address

## e. Co-PI (Implementer/Decision-maker)

Name  
 Title  
 Institution  
 Department  
 Address 1  
 Address 2  
 Address 3  
 Address 4  
 Country  
 City Province Postal Code  
 Telephone Fax  
 E-Mail Address

## f. Financial Officer

Name  
 Title  
 Institution  
 Department  
 Address 1  
 Address 2  
 Address 3  
 Address 4  
 Country  
 City Province Postal Code  
 Telephone Fax  
 E-Mail Address

## g. Implementer/Decision-maker

Name  
 Title  
 Institution  
 Department  
 Address 1  
 Address 2  
 Address 3  
 Address 4  
 Country  
 City Province Postal Code  
 Telephone Fax  
 E-Mail Address

## h. Patient/Survivor/Caregiver

Name

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Title  
Institution  
Department  
Address 1  
Address 2  
Address 3  
Address 4  
Country  
City Province Postal Code  
Telephone Fax  
E-Mail Address

SAMPLE

## Applicant info

### 4. Principal investigator CV

Attach an up-to-date, abbreviated version of your CV (NIH-style biosketch) in PDF format. Consult the Application Guide for complete instructions, including the required format. Do not exceed 5 pages.

NOTE: For the file name, please use the following format:[lastname\_firstname-CV].

CCS is not a member organization of the Common CV Network, therefore the Common CV should not be used due to Common CV use restrictions.

### 5. Justification for career interruptions

Briefly, describe any career interruptions or delays that may have impacted your academic career and research productivity. Please include the start and end dates of each period described (yyyy/mm). FOR COVID-related interruption, simply state COVID-19 and indicate 2020/03 - 2021/09 (18 months). If not applicable, please indicate this in the form.

### 6. Application and Career stage

This section is mandatory and plays no part in the review or funding of an application. The data is used for statistical and communication purposes only. To account for impacts of the COVID-19 pandemic on the research community, applicants are asked to subtract 18 months (covering the period of March 2020 – Sept 2021) when calculating career stage.

Please indicate below if this is:

- |   |                           |                          |
|---|---------------------------|--------------------------|
| Your first application for a research grant to the Canadian Cancer Society              | <input type="radio"/> Yes | <input type="radio"/> No |
| Your first application for a research grant specifically in the area of cancer research | <input type="radio"/> Yes | <input type="radio"/> No |
| Your first application for a research grant as an independent investigator              | <input type="radio"/> Yes | <input type="radio"/> No |

Please indicate your current career stage (please select one of the three options) - click "Show Instructions" for guidance on how to account for COVID-19-dependent delays when calculating career stage:

- New/early career investigator: Any applicant who, at the time of registration, assumed his/her first independent academic position (e.g., faculty appointment) no more than 5 years ago (60 months).
- Mid-career investigator: Any applicant who, at the time of registration, assumed his/her first independent academic position (e.g., faculty appointment) 5-15 years ago.
- Senior investigator: Any applicant who, at the time of registration, assumed his/her first independent academic position (e.g., faculty appointment) more than 15 years ago.

## Certificates

### 7. Certificates required

#### 7.a. Biohazard/Biosafety

Indicate if certificates will be required. Certificates will be requested at the time of funding.

a. Does your project require a biohazard certificate?  Yes  No

b. If yes, list the name of institution(s) from where the certificate(s) will be obtained, what project stage they will be required (e.g. for Aim 2), and when you expect the certificate to be provided to CCS (Date).

Institution	Project Stage	Date (mm/yyyy)

#### 7.b. Animal care

Indicate if certificates will be required. Certificates will be requested at the time of funding.

a. Does your project require animal care certificates?  Yes  No

b. If yes, list the name of institution(s) from where the certificate(s) will be obtained, what project stage they will be required (e.g. for Aim 2), and when you expect the certificate to be provided to CCS (Date).

Institution	Project stage	Date (mm/yyyy)

#### 7.c. Ethics

Indicate if certificates will be required. Certificates will be requested at the time of funding.

a. Does your project require ethics certificates?  Yes  No

b. If yes, list the name of institution(s) from where the certificate(s) will be obtained, what project stage they will be required (e.g. for Aim 2), and when you expect the certificate to be provided to CCS (Date).

Institution	Project stage	Date (mm/yyyy)



## Public summary

### 9. Public summary

Please provide a plain language summary (abstract) of your project that will be shared with our patient/survivor/caregiver reviewers and potentially with our donors and other stakeholders. Note that this summary should be understandable by someone who does not have a scientific background and should not contain confidential information.

In your summary, please address the following questions:

- What is the goal/purpose of your project? What need does it address?
- What are you proposing to do?
- Why is this work important? How will it impact people affected by cancer?

Maximum 2000 characters, including spaces. Note that the character count may be different when copying text from Word due to formatting.

SAMPLE

## Abstract

### 10. Scope

Please indicate the scope of your proposed research.

- Synthesis
- Implementation Science

### 11. Scientific abstract

Provide a detailed summary of your research project describing the unmet need that will be addressed (or partially addressed), the objectives or aims of the proposed work, the methodology to be used, as well as the relevance of the proposed research to people affected by (e.g., patients, survivors and caregivers) or at risk of cancer. Maximum of 4200 characters, including spaces. Character count may be different when copying text from Word due to formatting.

### 12. Keywords/Technical terms

Provide up to a maximum of ten specific keywords or descriptive technical terms/methodologies that best describe the scientific and technical aspects of your project. NOTE: Enter one keyword or technical term per line.

Keyword/Technical terms

### 13. Abstract changes

Indicate if significant modifications have been made since the abstract registration. If you  Yes  No answer yes, please advise CCS research staff (research@cancer.ca). Substantive changes that significantly alter the overall goals and aims of the proposal relative to the abstract registration are not permitted.?

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## Non-confidential scientific abstract

### 14. Non-confidential scientific abstract

Please include a duplicate of your scientific abstract – with proprietary information removed. This abstract may be shared with potential donors and CCS funding partners and stakeholders when relevant. Your abstract should not exceed 4200 characters (including spaces), or roughly one full page, single spaced. Note that the character count may be different when copying text from Word due to formatting.

SAMPLE

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## Relevance Statement

### 15. Relevance Statement

Describe the relevance of the chosen topic to people affected by or at risk of cancer. What is the ultimate vision for the work proposed, and why is it meaningful? How have those affected contributed to the development of the research question and project? How will implementation (if relevant) be sustained?

Please note that this section will be used by patient/survivor/caregiver reviewers to evaluate the relevance and overall impact of the proposed work. The relevance statement should be written in non-technical language, and not exceed 2100 characters, or roughly half page, including spaces. Note that character count may be different when copying text from Word due to formatting.

SAMPLE

## Proposal

### 16. Proposal

Provide a detailed proposal of the work to be performed, including the following points (not exceeding 21,000 characters, refer to program guide for details of requirements): goal and aims of the project; experimental design, methods, and analysis, and research team members. Provide a list of references cited within the proposal. A standard reference style is recommended (e.g. first author, article title, journal title, date of publication, volume, issue, location (pagination)).

Format:

- Your proposal should not exceed 21,000 characters (including spaces), or roughly 5 full pages, single spaced (not including references).
- Upload the proposal (including references) in EGrAMS as a single pdf not larger than 5MB
- Figures, tables, charts and their associated legends must NOT be embedded in the text. For information regarding accompanying figures, tables, charts and associated legends, see section 17 – Tables, graphs, charts and associated legends.
- Abbreviations must be initially explained within the proposal. A list of abbreviations, if included, counts towards the 21,000-character limit.

### 17. Tables, graphs, charts and associated legends

OPTIONAL: Attach and appropriately label figures, graphs, charts and legends in PDF format (maximum of 2 pages and 5 MB total) NOTE: For the file name, please use the following format: [lastname\_firstname-figures].

### 18. Sex, gender and diversity

#### 18.a. Sex, gender and diversity considerations

Recognizing the variable impacts of cancer on different populations and demographics within Canadian society, CCS expects that sex, gender and diversity dimensions (plus other intersectionalities (SGBA+)) will be factored into research design, analysis and dissemination of findings. Please provide a response for each question, and we urge that you consider and embed these dimensions into your proposal, when applicable.

Is sex, as a biological variable, taken into account in the research design, methods, analysis and interpretation, and/or dissemination of findings?  Yes  No

Is gender, as a sociocultural factor, taken into account in the research design, methods, analysis and interpretation, and/or dissemination of findings?  Yes  No

Are diversity considerations (e.g. conditions, expressions and experiences of different groups identified by age, education, sexual orientation, parental status/responsibility, immigration status, Indigenous status, religion, disability, language, race, place of origin, ethnicity, culture, socio-economic status and other attributes) taken into account in the research design, methods, analysis and interpretation, and/or dissemination of findings?  Yes  No

#### 18.b. Sex, gender and diversity considerations

Describe how sex and/or gender and/or diversity dimensions (plus other intersectionalities (SGBA+)) will be considered in your research proposal. If you select 'No' for one or more questions in section 18a., explain why sex and/or gender and/or diversity are not applicable in your research proposal.

Your response must not exceed 4200 characters. Note that the character count may be different when copying text from Word due to formatting.



A detailed Terms of Reference for all members of the team is required as part of the application process. The template provided is recommended, but not mandatory for use. Teams may opt to utilize other appropriate templates.

Template can be found at

[https://cdn.cancer.ca/-/media/files/research/for-researchers/documentation-for-applicants/tor\\_template\\_2022.docx](https://cdn.cancer.ca/-/media/files/research/for-researchers/documentation-for-applicants/tor_template_2022.docx)

Please upload a PDF document to EGrAMS, not to exceed 5 MB in size.

Note that Term of Reference may be revised throughout the duration of the project and need not be 'final' but must be reviewed and agreed to by all team members.

## 22. Appendices

OPTIONAL: Note that all essential information must be included in the proposal and that reviewers are not required to read the material in the appendices. Attachments must be in PDF format only and can not exceed 10MB per attachment. NOTE: For the file name, please use the following format: [lastname\_firstname-appendix1].

## 23. Disclosure of commercial or conflict of interest related to this application

If any of the named investigators have a financial interest in any commercial venture whose business activities are related to the subject matter of this grant application, the nature of that interest must be disclosed and a description of how conflict of interest (perceived or real) , if any, will be managed should be provided. Please describe the nature of the relationship or material interest, the business activities of the company in question, and how those activities relate, if at all, to the grant application.

- a. Do applicants have any commercial or conflict of interest (perceived or real) to declare?  Yes  No
- b. If Yes, please provide a description of the commercial or conflict of interest and how it will be managed.
- c. Is there any Intellectual Property which has been filed that is directly related to the technology or project, or materials or reagents used therein?  Yes  No
- d. If Yes, please describe, including ownership and/or assignment.

**Budget**

Description	2022	2023	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	<b>Supplies and Expenses</b>		
2	<b>Salaries and Wages</b>		
<b>Total Program Expenses</b>	0.00	0.00	0.00
<b>Equipment</b>			
1	<b>Permanent Equipment</b>		
<b>Total Equipment</b>	0.00	0.00	0.00
<b>TOTAL DIRECT EXPENSES</b>	0.00	0.00	0.00
<b>TOTAL EXPENDITURES</b>	0.00	0.00	0.00

Description	2022	2023	Total
<b>Program Expenses</b>			
Supplies and Expenses	0.00	0.00	0.00
Salaries and Wages	0.00	0.00	0.00
<b>Total for Program Expenses</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
Permanent Equipment	0.00	0.00	0.00
<b>TOTALS</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

SAMPLE

## Other funding

### 27. Summary of other funding applied for and received

List all grants currently being applied for, pending, about to be submitted and all grants received, for the entire period covered by this application, for the Principal Investigator and each Co-Principal Investigator. Your documentation should include a list followed by the abstracts/summaries, as submitted in the original application for funding, for all grants/applications listed and should be submitted in PDF format. For pending grant applications with similar titles, please include a statement explaining overlap, or lack thereof. Consult the Application Guide for complete instructions, including the correct format. If there are no pending grants to list, indicate by including N/A in the Pending grants section. Applications with missing other funding information or abstracts will be considered incomplete.

NOTE: For the file name, please use the following format: [lastname\_firstname-other\_funding]

### 28. Other funding confirmation

- The applicants confirm that the attached list contains all required information, including the percentage overlap for each grant and the abstracts as submitted in the original application for funding, as described in the Application Guide.

SAMPLE

## Review panel

### 29. Panel

Assigned panel:

Accelerator Grant panel

### 30. Reviewer recommendation

Applicants must suggest the names of at least 3 (5 if submitting application in French) impartial reviewers who have the necessary expertise to critically evaluate the application and with whom you do NOT collaborate.

Name	Department	Institution	Phone no.	E-mail address	Areas of expertise

### 31. Reviewer exclusions

Applicants may suggest individuals they prefer NOT be contacted as potential reviewers (panel members and/or external reviewers). The reason for exclusion (e.g. collaborator, colleague, competitor) should be given. NOTE: any exclusions you list will not be viewable to panel members.

Name	Reason for exclusion

## Tracking

### 32. Research tracking information

#### 32.a. CCS Research Goals

Select the CCS Research Goal(s) that will be addressed by your proposed research. Select all that apply.

- Prevention - fewer people in Canada will develop cancer
- Early diagnosis - fewer people will be diagnosed with cancer at stage III or IV
- Treatment and quality of life - people with cancer will live longer and with an improved quality of life during and after treatment
- Equitable and timely access to care - more people in Canada will have equitable and timely access to innovative and affordable high quality cancer care

#### 32.b. Research focus

Responses are to be limited to the scope of the proposed research for the duration of the proposed term. This information is used solely for statistical/reporting purposes and will not be used as part of the scientific review of the application. Select one research focus that best describes the project.

Biomedical research – Projects that rely on model systems or are basic/fundamental research. Includes understanding disease mechanisms or studying cell pathways in model systems or patient-derived cell lines. If any component of the project uses patient-derived tissue or involves human subjects, it should be coded as clinical research.

Clinical research – Projects that have a component that is clinical and/or involves human subjects. Includes companion clinical trials and correlative studies as well as psychosocial oncology research. Generally, involves humans or samples from humans. Includes testing drugs, biomarkers, or mechanism of action of drugs in patients, patient-derived tumours, or liquid biopsies.

Health systems and health services research - Research that assesses or attempts to solve barriers to care, treatment adherence, care utilization, overtreatment, health care transitions, national strategies/frameworks, clinical pathways/guidelines, ethics, patient decision aids, adverse drug reactions, treatment delays/wait times, access/equity, and/or health literacy.

Social, cultural, environmental, and population health research – Research that is population-level and unrelated to the health system. Includes research that investigates lifestyle, toxin exposures, diet, or population-based surveillance surveys (e.g., the International Tobacco Control (ITC) survey, British Columbia Adolescent Substance Use Survey).

Research focus (select ONE only)

- Biomedical Research
- Clinical Research
- Health Services/Systems Research
- Social, Cultural, Environmental and Population Health

#### 32.c. Clinical trial

If your proposed research includes a clinical trial component, select the type of trial and provide the participant recruitment target. If your proposed research does not involve a clinical trial, select not applicable.

- Clinical Trial - observational participant recruitment target:
- Clinical Trial - interventional participant recruitment target:
- Not applicable

#### 32.d. Relevant cancer population

Select the cancer population(s) the proposed research is focused on and will be relevant to. If your proposed research can be applied broadly to cancer patients, select "Not specific". Be sure to select at least one item.

- Pediatric (0-14) - only select if specific to pediatric cancer population.
- Adolescents and young adults (15 - 39) - only select if specific to and focused on AYA cancer population. It is not sufficient to be encompassing of the AYA age range.

- Adult (18+)
- Not specific

### 32.e. Under-served populations

Please indicate if your research project specifically addresses cancer in one of the following populations. Select only those that apply. If your proposed research does not focus on one of these populations, select "Not applicable".

- Black
- Immigrant
- First Nations, Indigenous, Metis
- LGBTQ2S+
- Other:
- Not applicable

### 32.f. Research subject

If your proposed research involves human subjects or patient tissues, select the research subject(s) that will be used in the study. You can select more than one option. If your proposed research does not involve human subjects or patient tissues, select "Not applicable".

#### Patients/Study Population

- Pediatric (0-14)
- Adolescents and young adults (15-39)
- Adult (18+)
- Not applicable

#### Patient Tissue

- Pediatric (0-14)
- Adolescents and young adults (15-39)
- Adult (18+)
- Not applicable

### 32.g. Cancer site relevance

Select a maximum of four cancer sites where the research will be most relevant. Indicate the degree of relevance to the selected cancer site in terms of percentage (%). Only include cancer sites with at least 25% relevance; total should equal 100%.

The cancer site selected must reflect the site of the primary cancer. For example, if your research is focused on lung cancer that has metastasized to the brain, select lung as relevant cancer site. When a project does not focus on one or more specific cancer sites (e.g. applies broadly to cancer patients), select "Non-specific/All sites". Only use the Details description field to describe the site if you have selected Other as a site. Do not enter a '%' sign with your percentage, only enter the number.

Select a maximum of four cancer sites where the research will be most relevant.

Cancer site	Percentage	Details

### 32.h. Common Scientific Outline (CSO)

Select a maximum of 3 codes which best describe the research. Full details of the Common Scientific Outline can be found at the International Cancer Research Portfolio website (<https://www.icrpartnership.org/cso>).

#### Biology

- 1.1 Normal functioning
- 1.2 Cancer initiation: alterations in chromosomes
- 1.3 Cancer initiation: oncogenes and tumour suppressor genes
- 1.4 Cancer progression and metastasis
- 1.5 Resources and infrastructure

**Etiology**

- 2.1 Exogenous factors in the origin and cause of cancer
- 2.2 Endogenous factors in the origin and cause of cancer
- 2.3 Interactions of genes and/or genetic polymorphisms with exogenous and/or endogenous factors
- 2.4 Resources and infrastructure related to etiology

**Prevention**

- 3.1 Interventions to prevent cancer: personal behaviors (non-dietary) that affect cancer risk
- 3.2 Dietary interventions to reduce cancer risk and nutritional science in cancer prevention
- 3.3 Chemoprevention and other medical interventions
- 3.4 Preventative vaccines
- 3.5 Complementary and alternative prevention approaches
- 3.6 Resources and infrastructure related to prevention

**Early Detection, Diagnosis and Prognosis**

- 4.1 Technology development and/or marker discovery
- 4.2 Technology and/or marker evaluation with respect to fundamental parameters of method
- 4.3 Technology and/or marker testing in a clinical setting
- 4.4 Resources and infrastructure related to detection, diagnosis and prognosis

**Treatment**

- 5.1 Localized therapies – discovery and development
- 5.2 Localized therapies – clinical applications
- 5.3 Systemic therapies – discovery and development
- 5.4 Systemic therapies – clinical applications
- 5.5 Combinations of localized and systemic therapies
- 5.6 Complementary and alternative treatment approaches
- 5.7 Resources and infrastructure related to treatment and the prevention of recurrence

**Cancer Control, Survivorship and Outcomes Research**

- 6.1 Patient care and survivorship issues
- 6.2 Surveillance
- 6.3 Population-based behavioral factors
- 6.4 Health services, economic and health policy analyses
- 6.5 Education and communication research
- 6.6 End-of-life care
- 6.7 Research on ethics and confidentiality
- 6.8 Historical code - no longer used
- 6.9 Resources and infrastructure related to cancer control, survivorship and outcomes research

## Release form

### 33. Release form

CCS depends on donor dollars to fund its grants. Applicants must declare their willingness to allow the CCS to provide minimal details of their grant to potential donors/partners. For successful investigators, the grantee must declare their understanding that the CCS will post competition results (PI, HI, title, value of grant, non-confidential abstract) on the CCS website. Lay summaries of progress and impact of the research will be shared in our internal and external reports, including press releases, social media or other communications.

On condition that:

- the specified information will be shared by CCS only with potential donors/partners and for the sole purpose of obtaining additional funding for CCS's grant competitions.
  - potential donors/partners will be required to declare conflict of interest, and sign a confidentiality agreement before the specified information is released to them by CCS.
  - it will be held confidential by them and not released to other parties, and will be returned to CCS or destroyed if the decision is not to fund.
  - all information released may be retained by the potential donors/partners if it decides to fund the application, and may be used by the donor/partner in its funding announcements and other communications.
- I acknowledge the sharing of the information specified with potential donors/partners and if successful in the competition, CCS will announce the grant and may publish research impacts (described above).

## Head of Department

### 34. Head of Department/Dean confirmation

This section can only be completed by the Head of the applicant's research department. If the project is to be carried out by the Head of the Department the application must instead be confirmed by the Dean. As the Head of Department/Dean your online acknowledgement indicates that you are aware of the contents of the application being submitted. Answer the question below, then click on Save to complete your confirmation.

\*I confirm that I am aware of the contents of the application being submitted.

Yes  No

\*Name of the Head of Department  
or Dean

\*Title

\*Research Institution

\*Financial Institution

\*Date

SAMPLE

## Executive authority - research host

### 35. Executive authority of the host research institution

This section can only be completed by an executive authority of the host Institution within which the research will be conducted. As the Executive Authority your online acknowledgement indicates that you have read and understood the Terms of the Host Institution/CCS Agreement. Answer the question below, then click on Save to complete your confirmation.

I confirm that I have read and understood the Host Institution / CCS Agreement and  Yes  No agree to abide by the terms.

Name of the Executive Authority -  
research host

Title

Research Institution

Financial Institution

Date

SAMPLE

## Executive authority - financial host

### 36. Executive authority of the host finance institution

This section can only be completed by an executive authority of the Institution within which the funds will be administered. As the Executive Authority your online acknowledgement indicates that you have read and understood the Terms of the Host Institution/CCS Agreement. Answer the question below, then click on Save to complete your confirmation.

I confirm that I have read and understood the Host Institution / CCS Agreement, and  Yes  No  
agree to abide by the terms.

Name of the Executive Authority -  
financial host

Title

Research Institution

Financial Institution

Date

SAMPLE

## Post submission publications

### 37. Post submission publications

Publication lists included in this section prior to submission will be removed. This section should only be used after you have submitted your application. Attach a PDF document of your acceptance e-mail/letter for newly accepted publications. You may update this attachment at any time after you've submitted your application, up until the panel meeting. NOTE: For the file name, use the following format [lastname\_firstname\_publications\_yyyymmdd], where yyyymmdd is the current date.

SAMPLE