

CIHR Project Grant Notice of Intention (NOI) to Apply / Request for Internal Review (Amplified Program)

Please submit the completed form to grant.review@usask.ca

Principal Applicant: Form Submission Date (yyyy-mm-dd):

E-mail: Department (if applicable):

College/School: Department Head (if applicable):

ADR/ Vice-Dean/ Director: Research Facilitator (if applicable):

Have you submitted this application to CIHR Project Grant Competition before?

NO. This is a new application

YES. This is a Resubmission

If yes, please check the competition option when your application was submitted (*Check all that applies*)

Fall 2024 Project Grant

Spring 2024 Project Grant

Fall 2023 Project Grant

Earlier than Fall 2023

Type of Research (check all that applies)

Basic Health Research

Clinical/Health Systems/Population

Indigenous Health

Patient-Oriented Research

Experience with CIHR Grants (*as a Principal Investigator*)

Project Grant Holder (current/prior)

CIHR Grant holder (other than Project Grant)

First Application for CIHR grant

None of the above

Which CIHR applicant category applies to you?

Early Career Investigator (A researcher who, at the time of application, has held a full time, independent research appointment, for a period of 0 to 5 years {60 months})

Mid Career Investigator (A researcher who, at the time of application, has assumed his/her independent research position 5-15 years ago)

Senior Investigator (A researcher who, at the time of application, has assumed his/her first independent research position more than 15 years ago)

Project Title *(can be tentative if title isn't finalized yet)*

Keywords that best describe your proposed research

Anticipated Project Grant competition to which application will be submitted

Spring 2025

Fall 2025

Spring 2026

Fall 2026

Later than Fall 2026

If you know the **project grant peer review committee** for your application please indicate below.

(These can be tentative and up to 3 committee names can be provided. This information will also help in assigning Strategic Grant Advisor for applicants choosing to avail that level of support)

Level of Review Support

I do not wish to receive an internal review for my application. *(Note – if you choose this option you will NOT be eligible for USask(OVPR) Project Grant bridge Funding to help with a resubmission if the application is unsuccessful).*

I would like to be assigned to a Strategic Grant Advisor who will assist me in developing this proposal until the final application submission deadline. *(anticipated competition date should be 6 months or more from date of submission of NOI to avail this support. A Grant Advisory Team comprising of Strategic Grant Advisor, your Associate/Vice Dean Research and Research Facilitator will provide the necessary research facilitation support for your application. Know more about CIHR Project Grant [Amplified Internal Review Program](#))*

I would like my application to undergo an internal review but I prefer NOT to have a strategic grant advisor assigned to my application. If you have suggestions for specific USask researchers who could provide a review without conflict of interest, please indicate their name(s) below. *(You may contact your Research Facilitator; A/VDR; Research Development Specialist (OVPR) for assistance with suggestion on internal reviewers.)*

1.Name:

Email:

Department:

2.Name:

Email:

Department:

3. Name:

Email:

Department:

Required for Internal Review: Summary of Proposed Research. This will be sent to your Strategic Grant Advisor or suggested reviewers so they can make a well-informed decision whether they are able and willing to review your draft application.

In 2015, a [Grants Repository](#) was created containing examples of successful Tri-Agency grants. If your application was successful, would you consider sharing it on the grants repository?

YES

NO