

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

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Please submit the completed form to [grant.review@usask.ca](mailto: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*)

Spring 2024 Project Grant

Fall 2023 Project Grant

Spring 2023 Project Grant

Earlier than Spring 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**

Fall 2024

Spring 2025

Fall 2025

Spring 2026

Later than Spring 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