



CANADIAN ALLERGY, ASTHMA AND IMMUNOLOGY FOUNDATION
FONDATION CANADIENNE D'ALLERGIE, D'ASTHME ET D'IMMUNOLOGIE



**DEADLINE FOR
APPLICATIONS
AUGUST 31, 2017**

**ALLERGY / ASTHMA INFORMATION ASSOCIATION (AAIA)
and
CANADIAN ALLERGY, ASTHMA AND IMMUNOLOGY FOUNDATION (CAAIF)
Seventh Award for Ontario Research in Food
Allergy**

APPLICATION FORM

Please complete the following 11 questions. Please number each section.

PLEASE PRINT CLEARLY AND FORWARD BY E-MAIL

NO FAXES

TO THE CAAIF HEAD OFFICE AT info@caaif.ca

1. APPLICANT INFORMATION

Name _____ Title _____

University appointment _____

Mailing address _____

Telephone _____ Fax _____

Email _____

2. SPONSOR INFORMATION

Name of Institution _____

Address of Institution _____

Name of individual responsible for administration of grants _____

Telephone _____ Fax _____

Email _____

3. PROJECT INFORMATION

a) Project title _____

b) Key words highlighting area of research of this project

4. If the project is approved, when will it begin? _____

5. Please provide a lay summary of the project, of no more than 250 words, addressing the aims of the project, the method, outcomes and the relevance to the practice of allergy and immunology in Canada.

Enclosed

6. Please provide a one page background to the problem, including relevant previous work that has been performed by the applicant.

Enclosed

7. Please provide a three page grant proposal. This should include a clear hypothesis, methodology, outcome measures and statement of relevance of this work to the practice of allergy and immunology in Canada. Discuss briefly how the results will be disseminated.

Enclosed

8. Please include a detailed budget that is relevant for the work that is being performed in this proposal.

Enclosed

9. Is this part of a larger proposal? Please append the budget and summary pages of the other funded proposal to this grant.

Enclosed

10. Are human subjects or animals being used in this research? Please provide a signed statement form the appropriate review board.

Enclosed

11. Please append an up to date CV of the principle applicant.

Enclosed

12. The signatures of authorized officers of other supporting organizations certify that the organization:

PLEASE COMPLETE SIGNATURE FORM – SEE NEXT PAGE

- a. agrees with the content of the application; and
- b. agrees to the release of the public summary of the award and to the publication of the organization's name as a supporter of the initiative.



SIGNATURE FORM

Applicant / Candidate (Surname Given Names) _____

Competition Date:

Proposed Start Date (MM/YYYY)

___/___/____

Project Title: _____

Primary location where research will be conducted :

Department: _____ Faculty:

Institution which will administer project funds:

(name and address of person responsible – PLEASE PRINT)

Language in which proposal is written

English

French

(NO STAMPS)

**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: