



## 2024-25 CIHR Institute of Aging Voluntary Sector Knowledge Mobilization Support Grant – Application Form

### Instructions to help you fill out this form

1. Please review CIHR's funding programs to ensure that this request for funding cannot be funded by an existing program. If you require help, please contact Ariane Geerts at the CIHR Institute of Aging: [ageerts3@uwo.ca](mailto:ageerts3@uwo.ca)
2. Obtain a CIHR Personal Identification Number (PIN) if you do not already have one, by going to the following web address and following the instructions: [Register with CIHR](#)
3. Fill out the following application form below, all fields are mandatory, obtain signatures and save it.
4. Encrypt the completed application form using a password:
  - a. Instructions for Securing PDFs with passwords using Adobe can be found here: [Securing PDFs with passwords](#)
  - b. Instructions for Securing PDFs with passwords for Mac can be found here: [Password-protect a PDF in Preview on Mac](#)
5. For security reasons, **do not include the password in the same email as your application form.** Submit your completed application via email in **two (2)** steps:
  - a. Email a signed copy of the application form to the CIHR Institute of Aging: [ageerts3@uwo.ca](mailto:ageerts3@uwo.ca).
  - b. In a separate email, send the password to open your application form to the CIHR Institute of Aging: [ageerts3@uwo.ca](mailto:ageerts3@uwo.ca). Retrieve your original email from your sent items, click "Reply" and include your password in a separate email. Please let us know if your password is case-sensitive (i.e. includes CAPITAL letters).



## 1. Applicant Information

### a) CIHR PIN

Enter your CIHR Personal Identification Number (PIN). If you do not have one, visit the [new user registration page](#) to register for a PIN and password.

### b) Full name of Applicant

### c) Organization name

### d) Address

### e) Telephone Number

### f) Email

## 2. Request for Funding Information

### a) Project Title

### b) Duration of funding request (in months):

*Maximum 12 months of funding.*

### c) Please submit a budget that includes the total amount requested, and timeline for this activity.

*Please explain why the funding is needed for each item and how it will be used. A detailed budget that includes a justification for the use of funds, as well as a complete breakdown into components outlining the allocation of funds is required. Please refer to the Funding Opportunity for allowable costs.*



### 3. Activity Description

*This entire section should not exceed 3 pages double-spaced, 12-point font.*

**a) Describe the anticipated target audience, rationale and objective(s) of the proposal.**

**b) How does this request align with at least one of the [CIHR Institute of Aging's Strategic Research Directions](#)?**

**c) What are the anticipated outcomes of the proposal/project(s)?**

*Identify the long-term impacts as well as evidence that the project will be completed as described.*

**d) Describe the extent that the proposal aims to enhance the impact of available knowledge concerning the area of aging.**



## APPLICANT CONSENT FORM FOR USE AND DISCLOSURE OF PERSONAL INFORMATION PROVIDED TO CIHR FOR PEER REVIEW

**IMPORTANT: One original signed copy of the Applicant Consent Form is required at all application stages.**

### A - USE AND DISCLOSURE OF PERSONAL INFORMATION PROVIDED TO CIHR

- 1) All information collected is subject to the Access to Information Act and the Privacy Act. These laws give Canadian citizens and permanent residents of Canada:
  - a. A limited right of access to information contained in federal government records;
  - b. Access to information about themselves;
  - c. Specification for how personal information can be used;
  - d. Rules and conditions governing the collection, retention and disposal of personal information;
  - e. A use and disclosure code for the protection of this information;
  - f. Criteria under which information can be disclosed including the purposes for which information can be used and to whom the information can be disclosed.
  
- 2) All the information supplied in this application will be made available to the CIHR personnel responsible for managing the application review process to:
  - a. Process applications for review;
  - b. Identify appropriate Peer Review Committee Members;
  - c. Administer and monitor grants and awards;
  - d. Compile statistics.
  
- 3) Information supplied in this application except the data labeled "for Administrative use only" will be made available to:
  - a. Review Committees composed of experts recruited from the academic, public and private sectors;
  - b. External reviewers, where required;
  - c. Selection Board members, where required.
  
- 4) In cases where there is Relevance Review as described in the Funding Opportunity, the Project Title, Project Summary and/or Relevance Form will be made available to:
  - a. Funding Partners<sup>1</sup> listed on the Funding Opportunity;
  - b. CIHR Institute Staff and CIHR Institute Advisory Board members;
  - c. CIHR Strategic Leads.
  
- 5) In addition CIHR and Funding Partners<sup>1</sup> listed on the Funding Opportunity will use the following information in making funding decisions after application review.
  - a. Rank;
  - b. Percent Rank (in the case of multi-committee competitions);
  - c. Committee Recommendations on Budget and Term.

### B - USE AND DISCLOSURE OF FULL APPLICATION AND NOMINATIVE INFORMATION<sup>2</sup> FOR RELEVANCE REVIEW AND FUNDING DECISIONS

- 1) For the purpose described in the Funding Opportunity, if applicable, CIHR seeks your consent to share your full application including nominative information<sup>2</sup>. All the information supplied in this application except the data labeled "for Administrative use only" will be made available to:
  - a. Funding Partners<sup>1</sup> listed on the Funding Opportunity;
  - b. CIHR Institute Staff and CIHR Institute Advisory Board members;
  - c. CIHR Strategic Leads.
  
- 2) Unless such consent is a condition of funding, refusal by the applicant to consent shall not influence a funding decision by CIHR.

<sup>1</sup> Should funding partners be added to the initiative after the launch of the Funding Opportunity, you will be asked for your consent to share information with partners.

<sup>2</sup> Nominative Information: any information which directly or indirectly reveals the identity of an applicant.

# Signatures

## Consent to Disclosure of Personal Information

I understand that maintaining public trust in the integrity of researchers is fundamental to building a knowledge-based society. By submitting this application or by accepting funding from CIHR, NSERC and/or SSHRC, I affirm that I have read and I agree to respect all the policies of these Agencies that are relevant to my research, including the [Tri-Agency Framework: Responsible Conduct of Research](#). In cases of a serious breach of agency policy, the agency may publicly disclose any information relevant to the breach that is in the public interest, including my name, the nature of the breach, the institution where I was employed at the time of the breach, the institution where I am currently employed, and the recourse imposed against me. I accept this as a condition of applying for, or receiving, agency funding and I consent to such disclosure.

I consent to the sharing of the information specified above in section (B).

I do NOT consent to the sharing of the information specified above in section (B).

**Name of Applicant**

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**Signature of Applicant**

**Date**

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