**Arthritis Society Canada Strategic Operating Grant (SOG)**

**Full Application Sample**

**Please read the following information carefully.**

Investigators are encouraged to create their applications in Apply early in order to familiarize themselves with the online system, allow time for a review of the completed application, and to upload attachments prior to the deadline. This application sample is provided for reference for applicants.

Please note that Apply requires completion of sections before being able to move to the next section. If you enter temporary text in any field, be sure to return to complete the section. Incomplete applications will not be accepted.

All applications should be started under the Apply account of the Principal Investigator. Grant administrators (and other team members) can be added as “collaborators” once the application has been created. Find out more about adding [collaborators here.](https://help.smapply.io/hc/en-us/articles/115001635474-Collaborators-Overview#h_a20449b8-b34d-42e1-bfcb-fc5fbd45a568)

Please note:

* Apply will not accept formatting or scientific symbols. If using this template to prepare your application, please clear formatting prior to copying into Apply.
* Required attachments are highlighted below in yellow.
* **Additional application sections not included in this template:**
  + Disclosure & Release forms (required)
  + Signatures page & grant administration details (required)
  + Appendices PDF(s) must not exceed 5MB per document (optional)
  + Provide 3-5 suggested reviewers (required)
  + Provide up to 3 conflicted reviewers (required)
  + LOI reviewer feedback report

Please double check the content of your application before submitting to ensure that the information you provide is complete and accurate. **If you require assistance with editing or completing your application, please review instructions** [here](https://bit.ly/2Tqbu2j)**.**

**Please contact** [research@arthritis.ca](mailto:research@arthritis.ca) **with any questions about the application.**

**PRINCIPAL INVESTIGATOR CONTACT INFORMATION (Page 1)**

Full Name:

Current Position:

Host Institution of research:

Faculty:

Department:

Mailing Address:

City:

Province:

Country:

Postal code:

Primary Email:

Secondary Email:

Telephone #:

% Of contributions to this project:

Affiliated research centre (optional):

## Biography

Max. 100 words. Write a short narrative biography. Arthritis Society Canada may use this information to share publicly on the Arthritis Society Canada webpage, media releases, etc.

## [CIHR CCV-Project Biosketch for PI (PDF)](https://ccv-cvc.ca/indexresearcher-eng.frm)

*Please note a CIHR PIN is required in your CCV account. You can register for a CIHR PIN through your* [*ResearchNet*](https://www.researchnet-recherchenet.ca/rnr16/LoginServlet?language=E) *account. If you do not have a ResearchNet account, go to* [*ResearchNet*](https://www.researchnet-recherchenet.ca/rnr16/LoginServlet?language=E) *and select "Register" from the sign-in box on the right-hand side of the page. Further information is available at the following* [*link*](https://cihr-irsc.gc.ca/e/38201.html)*.*

File name: "SOG-[year]-XXXX-LName\_CCV"

**Max file size:** 200 MB

**[Upload file here]**

**PROJECT TEAM DESCRIPTION (Page 2)**

All team members (Co-Principal Investigators, Co-applicants, Additional Authors, Collaborators or Partners and Trainees) are to be listed with their contact information.

**Co-Principal Investigator(s) (Co-PI)**

Please refer to [eligibility and requirements](https://arthritis.ca/researchers/administration-and-reporting/eligibility-and-requirements)for Arthritis Society Canada's definition of research team members. NOTE: Any Co-Principal Investigators listed in your Letter of Intent are listed here. If any are listed, please review and edit as necessary.

Please ensure the information below is correct and update as needed before completing the application.

## Are there any Co-Principal Investigators involved with this proposal?

* Yes
* No

**How many Co-Principal Investigators?** [Up to 5]

## List of All Assigned Co-Principal Investigators

*Please label all files using the application #.*  
File name for CCVs: "SOG-[year]-XXXX\_CV\_CoPI LName"

## Co-Principal Investigator (1-5):

Name:

Current Position:

Department:

Faculty:

Institution:

Primary Email:

Secondary Email:

Tel #:

% of contribution to project:

## Co-PI (1-5): CIHR CCV-Biosketch Version

*Please note a CIHR PIN is required in your CCV account. You can register for a CIHR PIN through your* [*ResearchNet*](https://www.researchnet-recherchenet.ca/rnr16/LoginServlet?language=E) *account. If you do not have a ResearchNet account, go to* [*ResearchNet*](https://www.researchnet-recherchenet.ca/rnr16/LoginServlet?language=E) *and select "Register" from the sign-in box on the right-hand side of the page. Further information is available at the following* [*link*](https://cihr-irsc.gc.ca/e/38201.html)*.*

**Max file size:** 200 MB

**[Upload pdf file here]**

## CO-APPLICANTS

Please refer to [**eligibility and requirements**](https://arthritis.ca/researchers/administration-and-reporting/eligibility-and-requirements) for Arthritis Society Canada's definition of research team members. NOTE: Any Co-applicants listed in your Letter of Intent are listed here. If any are listed, please review and edit as necessary.

Please ensure the information below is correct and update as needed before completing the application.

## Are there any Co-Applicants involved with this proposal?

* Yes
* No

**How many Co-Applicants?** [Up to 20]

## Please list all Co-Applicants below.

Please label all files using the application #.  
For example: "SOG-[year]-XXX\_CCV\_CoAppLastName.pdf"

## Co-Applicant (1-20):

Name:

Current Position:

Department:

Faculty:

Institution:

Primary Email:

Secondary Email:

Tel #:

% of contribution to project:

## Co-Applicant CIHR CCV-Biosketch Version

**Upload a CIHR CCV (biosketch versions) for all co-applicants here. Up to 20 separate files can be uploaded.**

*Please note a CIHR PIN is required in your CCV account. You can register for a CIHR PIN through your* [*ResearchNet*](https://www.researchnet-recherchenet.ca/rnr16/LoginServlet?language=E) *account. If you do not have a ResearchNet account, go to* [*ResearchNet*](https://www.researchnet-recherchenet.ca/rnr16/LoginServlet?language=E) *and select "Register" from the sign-in box on the right-hand side of the page. Further information is available at the following* [*link*](https://cihr-irsc.gc.ca/e/38201.html)*.*

**Max file size:** 200 MB

**[Upload pdfs file here]**

**ADDITIONAL AUTHORS**

Please refer to [eligibility and requirements](https://arthritis.ca/researchers/administration-and-reporting/eligibility-and-requirements) for Arthritis Society Canada's definition of research team members.

## Are there any Additional Authors involved in the proposed project?

* Yes
* No

**How many Additional Authors?** [Up to 20]

## Please list all additional authors below:

Full Name:

Current Position:

Institution/Affiliation:

Primary Email:

% of contribution to project:

**CONSUMERS**

Please refer to [eligibility and requirements](https://arthritis.ca/researchers/administration-and-reporting/eligibility-and-requirements) for Arthritis Society Canada's definitions of various research team members.

*Note: Arthritis Society Canada strongly values the voice of consumers in research. Applicants should consider this in their submission and are encouraged to integrate input from consumers in the development of research questions and/or design as appropriate. Productive engagement of consumers in the conduct, analysis and/or dissemination of the research should be described, where appropriate.*

**Are any Consumer Collaborators involved with this proposal?**

* Yes (If yes, please detail their involvement in the “team description” section)
* No

**How many Consumers?** [Up to 20]

**If no, please explain why not here.** [Max. 100 words]

## Please list all Consumers below

Full Name:

Affiliation/Organization:

Are they under 18 years: *(yes/no)*

% of contribution to project:

**Upload Letters of Support and if required, letters of consent for those under 18. Up to 20 separate files can be uploaded.**

Include the application ID in the file name, e.g., "SOG-[year]-XXXX-LOS\_ConsumerLName.PDF".

**[Upload files here]**

## TRAINEES

Please refer to [eligibility and requirements](https://arthritis.ca/researchers/administration-and-reporting/eligibility-and-requirements) for Arthritis Society Canada's definitions of various research team members.

## Are any trainees involved with this proposal?

* Yes
* No

**How many Trainees?** [Up to 20]

## Please list all trainees involved in this project:

First name:

Last name:

Primary supervisor (first and last name):

Level (Summer student, undergrad, master, PhD, etc.):

Will this trainee be applying for an Arthritis Society Canada award? *(Yes/No)*

% of contribution to project:

## COLLABORATORS / PARTNERS

Please refer to [eligibility and requirements](https://arthritis.ca/researchers/administration-and-reporting/eligibility-and-requirements) for Arthritis Society Canada's definitions of various research team members.

## Are there any collaborators or partners involved with this proposal?

* Yes
* No

**How many Collaborators or Partners?** [Up to 20]

**Please list all collaborators and/or partners below**

Full Name:

Affiliation/Organization:

Collaborator/Partner:

Sector: (e.g., pharma, biotech, etc.)

## Please upload collaborator/partner letters of support below. Up to 20 separate files can be uploaded.

*Include the application ID in the file name, e.g., “SOG-[year]-XXXX-LOS-CollaboratorLName.PDF”*

**Max file size:** 200 MB

**[Upload files here]**

## PROJECT TEAM DESCRIPTION

Please ensure the information below is correct and update as needed before completing the application.

## Describe the roles and responsibilities for all applicable members of the proposed project team.

Max. 400 words. For all applicable project team members: 1. Principal Investigator 2. Co-Principal Investigator(s) 3. Co-Applicant(s) 4. Additional Author(s) 5. Collaborator(s) / Partner(s) 6. Consumer Collaborator(s) 7. Trainee(s) The original description of project team members' roles/responsibilities may be edited below:

## RESEARCH FOCUS (Page 3)

[**CIHR Themes**](https://cihr-irsc.gc.ca/e/34190.html#r7)

*Select the CIHR Pillar (s) that will be relevant to your research*

* **Pillar I: Biomedical:** (Yes/No)
* **Pillar II: Clinical:** (Yes/No)
* **Pillar III: Health Services:** (Yes/No)
* **Pillar IV: Social, Cultural, Environmental & Population Health:** (Yes/No)

## 2020-2025 Arthritis Society Canada Research Strategy Themes.

Select all Research Priority Areas are thatdirectlyrelevant to the proposed research:

* **Arthritis Pain:** (Yes/No)
* **OA:** (Yes/No)
* **IA:** (Yes/No)
* **Childhood:** (Yes/No)
* **Work:** (Yes/No)

**This study is primarily relevant to:**

* Childhood Arthritis
* Adult Arthritis

## Provide 10 keywords to describe the research project, the techniques and the methodologies to be employed, and the diseases or conditions the research addresses.

## The original project keywords may be edited below.

**Areas of Impact**

**Select your research program's direct relevance for each of the following areas of impact.**

**Molecular Mechanisms** (Relevant/Not relevant)

**Etiology / Risk Factors** (Relevant/Not relevant)

**Prevention** (Relevant/Not relevant)

**Diagnostic/Screening** (Relevant/Not relevant)

**Treatment** (Relevant/Not relevant)

**Disease Management / Quality of Life (e.g., rehabilitation & restoration of function)** Relevant/Not relevant)

**Disease Impact / Burden of Disease (e.g., epidemiology, health economics and policy)** Relevant/Not relevant)

**Knowledge Translation and Exchange** Relevant/Not relevant)

**Rank your research program's direct relevance for each of the following disease focus areas.**

|  |
| --- |

**Osteoarthritis** (Relevant/Not relevant)

**Rheumatoid Arthritis** (Relevant/Not relevant)

**Ankylosing Spondylitis and other Spondyloarthropathies** (Relevant/Not relevant)

**Reactive Arthritis** (Relevant/Not relevant)

**Psoriatic Arthritis** (Relevant/Not relevant)

**Lupus (SLE)** (Relevant/Not relevant)

**Connective tissue Disorders** (Relevant/Not relevant)

**Gout and Pseudo-Gout** (Relevant/Not relevant)

**Juvenile Inflammatory Arthritis** (Relevant/Not relevant)

**Other Adult MSK disease** (Relevant/Not relevant)

**General Unspecified Arthritis** (Relevant/Not relevant)

## PROJECT PROPOSAL, TIMELINES & MILESTONES (Page 4)

Please ensure the information below is correct and update as needed before completing the application.

## Project Title

## Scientific Abstract

Max. 500 words. The original Abstract may be edited below.

## Research Proposal

Max. 4500 words. Describe your proposed project, including a detailed scientific proposal clearly stating the aims of the project and any previous work done in the area, experimental design, methods and analysis. Details of the investigator(s) including which member(s) of the research team will be responsible for which aspect of the project and a rationale for their inclusion in the project are required, as well as a description of the research environment where the work will take place.

The original LOI Project Description can be edited below.

## References

List the references used to support the proposed project.

The LOI reference section may be edited below.

## Relevance

Max. 250 words. Write a brief description of the relevance of the proposed project to [Arthritis Society Canada's Research Priority Area(](https://arthritis.ca/getmedia/5876aac1-1c0f-4f21-b40c-0b1a38921e10/StrategicPlan_Highlights_ResearchStrategy2020_Jan29.pdf)s) (i.e., Arthritis pain, OA, IA, Childhood and/or Work). The LOI Relevance section may be edited below.

## TIMELINE / MILESTONES

Upload a one-page chart/diagram of a high-level timeline with milestones (PDF)

## Timelines and Milestones (PDF)

File Name: "SOG-[year]-XXXX\_LName\_Timeline"  
**Max file size:** 200 MB**[Upload file here]**

## CERTIFICATE REQUIREMENTS (Page 5)

It is the applicant's and the Host Institution's responsibility to ensure that all necessary measures are taken to comply with all applicable Canadian laws governing the conduct of research in Canada.

## Please indicate the required certificates for this project.

It is the applicant's and the Host Institution's responsibility to ensure that all necessary measures are taken to comply with all applicable Canadian laws governing the conduct of research in Canada. Should your submission for funding be successful, fund disbursement will not occur until the Research Department receives a copy of all applicable project certificate(s).

Involves Animals

* Yes
* No

Involves Biohazards

* Yes
* No

Involves Human Subjects

* Yes
* No

Involves Stem Cells

* Yes
* No

Involves Human Samples

* Yes
* No

## Specify what type of stem cells will be used (if “yes” for involves stem cells was selected):

Check all that apply:

* Human embryonic stem cells
* Human adult stem cells or induced pluripotent stem cells
* Non-human stem cells (e.g., mouse stem cells, etc.)

## DISCLOSURE OF COMMERCIAL INTEREST (Page 6)

If any of the PI, co-PI, or co-applicants have a financial interest in any company, corporation or other commercial venture whose business activities are related to the subject matter of this grant application, the nature of that interest must be disclosed.  
  
Such financial interests include, but are not limited to:

* owning a substantial number of shares of the company (e.g., 5% or greater),
* sitting on the Board or other committees of the company,
* having an appointment (full- or part-time) as an Officer or staff member of the company,
* acting as a consultant or advisor for the company,
* having any contract for services with the company,
* receiving renumeration of any kind from the company, etc.

## Do you have any commercial interests to disclose?

* Yes
* No

## If “Yes”, please describe fully, in non-confidential terms, the nature of the relationship or material interest, the business activities of the question, and how these activities relate, if at all, to the grant application:

Max. 250 words.

## PUBLIC SUMMARY (Page 7)

The following section is intended for a lay audience. This summary is often shared with potential or existing donors and members of the general public. Please use plain language and ensure all scientific concepts, acronyms, and terms are defined or substituted when possible. Please be sure to provide appropriate context and tangible examples of how the research can impact arthritis and keep in mind that your lay summary will be evaluated by a consumer reviewer (i.e., a person living with arthritis).

All sections may be modified from their original version.

If you require assistance with writing your lay summary, an optional tool to assess how difficult your text is to read is the Flesch-Kinkaid grade-level calculation. The grade level should ideally be between grade 7-8 for a non-scientific audience, however, we urge you to use this tool to think specifically about the length of words and sentences in your writing and caution oversimplifying your text if you feel there are key details of understanding that are missing.

If you wish to use the Flesch-Kinkaid tool, please follow the instructions below:

* Open a Word document
* Select the “Home” tab
* Choose “Editor”, and then go to "Document stats" under "Insights"
* A dialog box will appear letting you know Word is calculating your document stats, choose "OK"
* Word will open a window that shows you information about the statistics and reading level of your document, the Flesch Kincaid grade level will be the second level listed under “Readability”

## Lay Title

Write a title for your project similar to a newspaper headline.

## Write an “elevator pitch” that clearly describes your proposed research.

Max. 150 words. This pitch must be in plain language and describes: (1) The problem you plan to address, (2) Why the audience should care, (3) How you will conduct your research, and (4) The impact your work will have if successful.

## Lay Summary of Research Question and Rationale

Max. 100 words. Describe why this project is important and needed. Explain the issue or gap in knowledge that the project will address, how the issue impacts arthritis care, how many people could be impacted by addressing this gap, and what your specific research question(s) will be if you receive funding.

## Lay Summary of Research Approach

Max. 100 words. Describe the approach your research will take to answer the above question. Explain the steps of the project, why it is an appropriate approach and how this approach will lead to the expected outcomes. Explain if this is original work or how it differentiates from similar work that is occurring around the world.

## Lay Summary of Outcomes and Impacts

Max. 100 words. Describe the expected outcomes and what their potential impact(s) would be. Explain why these outcomes are essential to moving research forward and what the next step would be (more basic research, change of practice, clinical trial, etc.). Include both short- and long-term impacts tangible to people living with arthritis.

**KNOWLEDGE TRANSLATION AND EXCHANGE (KTE) PLAN (Page 9)**

The Knowledge Translation and Exchange plan is a detailed account of how you will be disseminating the research and its outcomes to selected audiences. It is important to understand how you intend to share the results of this project and the outcomes you aim to achieve. Please address the following questions to outline your KTE plans.

**Indicate which stakeholders would be interested to learn about your research and its outcome(s):**

**Researchers:** (Primary Audience, Secondary Audience, Not Applicable)

**Industry:** (Primary Audience, Secondary Audience, Not Applicable)

**Policy Makers:** (Primary Audience, Secondary Audience, Not Applicable)

**Patient Groups:** (Primary Audience, Secondary Audience, Not Applicable)

**Healthcare Professionals :**(Primary Audience, Secondary Audience, Not Applicable)

**Patients:** (Primary Audience, Secondary Audience, Not Applicable)

**Media:** (Primary Audience, Secondary Audience, Not Applicable)

**Other (Select an option. You can specify below):** (Primary Audience, Secondary Audience, Not Applicable)

## If other was selected, please specify:

**The following questions are intended to provide clarity on how you intended to engage your audiences with your research and disseminate its outcomes. Please use plain language and define all scientific terms and acronyms.**

**Briefly outline your overall KTE plan.**

*Max. 250 words. You do not need to detail a step-by-step process but should allow reviewers to identify how you intend to engage stakeholders during your study (i.e., integrated KTE) if applicable, and how you will raise awareness of the key messages that result from your research (i.e., end-of-grant KTE).*

## How will you tailor your KTE activities to effectively reach different audiences?

Max. 250 words. Consider the use of Arthritis Society Canada, media, professional associations, community organizations, and other champions who could help translate your research into relevant information for the audience.

## What do you hope to achieve through your KTE plan and how will you monitor success?

Max 250 words. Specifically state how your KTE plan will impact your audiences in a meaningful way. For instance, KTE activities targeting researchers after a pilot study could lead to the formation of a multidisciplinary research team to examine a new concept, or KTE activities directed at patients could support the recruitment of new consumer collaborators for ongoing research. How will you learn if you have successfully impacted your audiences?

## PROPOSED PROJECT BUDGET (Page 9)

Requests for budgets up to three years will be considered in this competition. The maximum limit is $150,000 **per year**, to a maximum of $450,000. Please note that the maximum refers only to the limit of the contribution that Arthritis Society Canada will make toward a project or equipment. Investigators should detail the actual amount required to perform the proposed study (in excess of the budget cap, as appropriate), as investigators may secure supplementary funding from other sources and partners. Include any salaries/items from other sources (show as "$0").  
  
The panel will review the entire budget and investigators can seek funding up to the panel recommended amount (when it is in excess of the cap or due to a reduction in budgets at approval). In this case, funds may be encumbered pending confirmation of additional funding from other sources should it be deemed critical to the project's success.  
  
Do not include infrastructure/overhead charges or levies. Only shared or institutional services (e.g., glass washing, etc.) are acceptable; however, specific itemized costs for these expenses must be provided. Percentage charges are not permitted. See Arthritis Society Canada's web page for further information on [Financial Administration](https://arthritis.ca/researchers/administration-and-reporting)

**The budget section is a mandatory requirement of this application.** As budget requirements vary greatly from one application to the next, we have provided plenty of line items to cover each unique project but understand they may not be needed by every applicant. Note that you will not be prompted by the system to fill out the budget section before submitting. **Please ensure your budget is complete by the submission deadline.**

## Research Trainees

Please round up to the nearest dollar. Do not enter decimals or symbols (e.g., $).  
Enter the total stipend and benefits separately, as applicable, per trainee. Benefits can only be listed for postdoctoral fellows and only if mandated by the Host Institution as a result of formal agreement (e.g. unionization of PDF's).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Research Trainees** | **Level 1** (undergrad, masters, PHD, post-doc, HCP, etc.) | **Year 1 Request ($)** | **Year 2 Request ($)** | **Year 3 Request ($)** |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| **4.** |  |  |  |  |  |
| **5.** |  |  |  |  |  |
| **6.** |  |  |  |  |  |
| **7.** |  |  |  |  |  |
| **8.** |  |  |  |  |  |
| **9.** |  |  |  |  |  |
| **10.** |  |  |  |  |  |
| **11.** |  |  |  |  |  |
| **12.** |  |  |  |  |  |
| **13.** |  |  |  |  |  |
| **14.** |  |  |  |  |  |
| **15.** |  |  |  |  |  |
| **16.** |  |  |  |  |  |
| **17.** |  |  |  |  |  |
| **18.** |  |  |  |  |  |
| **19.** |  |  |  |  |  |
| **20.** |  |  |  |  |  |
| **Annual Total ($)** |  |  |  |  |  |

## Research Staff

Do not enter decimals or symbols (e.g., $).  
Please round up to the nearest dollar (e.g., 1000, instead of 999.99).  
Enter the salary and benefits separately, as applicable, per staff person.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Research Staff (excluding trainees)** | **Position** | **Year 1 Request ($)** | **Year 2 Request ($)** | **Year 3 Request ($)** |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| **4.** |  |  |  |  |  |
| **5.** |  |  |  |  |  |
| **6.** |  |  |  |  |  |
| **7.** |  |  |  |  |  |
| **8.** |  |  |  |  |  |
| **9.** |  |  |  |  |  |
| **10.** |  |  |  |  |  |
| **11.** |  |  |  |  |  |
| **12.** |  |  |  |  |  |
| **13.** |  |  |  |  |  |
| **14.** |  |  |  |  |  |
| **15.** |  |  |  |  |  |
| **16.** |  |  |  |  |  |
| **17.** |  |  |  |  |  |
| **18.** |  |  |  |  |  |
| **19.** |  |  |  |  |  |
| **20.** |  |  |  |  |  |
| **Annual Total ($)** |  |  |  |  |  |

## Materials, Supplies, Equipment and Services

## *Note: “Services” to encompass consumer honorariums*

Do not enter decimals or symbols (e.g., $).  
Please round up to the nearest dollar (e.g., 1000, instead of 999.99). All budget fields must have a numerical value. Enter "0" if the field does not apply to your budget.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Materials, Supplies, or Services** | **Quantity**  **(#)** | **Year 1 Request ($)** | **Year 2 Request ($)** | **Year 3 Request ($)** |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| **4.** |  |  |  |  |  |
| **5.** |  |  |  |  |  |
| **6.** |  |  |  |  |  |
| **7.** |  |  |  |  |  |
| **8.** |  |  |  |  |  |
| **9.** |  |  |  |  |  |
| **10.** |  |  |  |  |  |
| **11.** |  |  |  |  |  |
| **12.** |  |  |  |  |  |
| **13.** |  |  |  |  |  |
| **14.** |  |  |  |  |  |
| **15.** |  |  |  |  |  |
| **16.** |  |  |  |  |  |
| **17.** |  |  |  |  |  |
| **18.** |  |  |  |  |  |
| **19.** |  |  |  |  |  |
| **20.** |  |  |  |  |  |
| **21.** |  |  |  |  |  |
| **22.** |  |  |  |  |  |
| **23.** |  |  |  |  |  |
| **24.** |  |  |  |  |  |
| **25.** |  |  |  |  |  |
| **26.** |  |  |  |  |  |
| **27.** |  |  |  |  |  |
| **28.** |  |  |  |  |  |
| **29.** |  |  |  |  |  |
| **30.** |  |  |  |  |  |
| **Annual total ($)** |  |  |  |  |  |

## Travel

Do not enter decimals or symbols (e.g., $).  
Please round up to the nearest dollar (e.g., 1000, instead of 999.99).  
All budget fields must have a numerical value. Enter "0" if the field does not apply to your budget.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Description of Travel** | **Year 1 Request ($)** | **Year 2 Request ($)** | **Year 3 Request ($)** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |
| **6.** |  |  |  |  |
| **7.** |  |  |  |  |
| **8.** |  |  |  |  |
| **9.** |  |  |  |  |
| **10.** |  |  |  |  |
| **Total** |  |  |  |  |

## Annual Proposed Project Budget

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year 1 Request ($)** | **Year 2 Request ($)** | **Year 3 Request ($)** |
| **Annual Proposed Budget:** |  |  |  |

## Total Proposed Project Budget ($):

|  |
| --- |
|  |

## BUDGET JUSTIFICATION (Page 10)

## Budget Justification

Max. 1500 words. Provide a detailed justification for the funds requested from Arthritis Society Canada in the budget. Also include a description of the contributions to the project from other sources.

## Other Funding

Max. 1500 words. Provide details of***any pending or active grants, as well as those about to be submitted***from all sources that would be effective as of January 1, 2024. Include the grant title, funding source, term, value per year, and % overlap with this submission).

## ADDRESSING LOI REVIEWER COMMENTS (Page 11)

**Explain how you have addressed the Letter of Intent Reviewers' comments, questions, and/or concerns within your full application.**

Max. 500 words.

**You have reached the end of the application form.**

**When you select "next" you will be redirected to the top of the application form.**

**To continue editing the application once redirected to the first page of the form, select the ellipses on the top right of the form and select "edit" from the drop-down menu.**