



## **ECZEMA SOCIETY OF CANADA**

### **ECZEMA RESEARCH & EDUCATIONAL PROJECTS GRANT PROGRAM APPLICATION PACKAGE**

#### **Eligibility**

Academic researchers (other than academic research supported by commercial entities) are eligible to apply for an Eczema Society of Canada (ESC) research grant.

ESC Board Members are not eligible to apply for a grant during their tenure as Board Members, nor may they directly support an application (e.g. such as a providing a letter of recommendation for an applicant) during their tenure as Board members.

#### **Application Details**

Application and all supporting documents must be received at the ESC office no later than September 1<sup>st</sup>, 2021.

Please submit applications and any supporting documents via email to: [director@eczemahelp.ca](mailto:director@eczemahelp.ca) or by postal mail to: **Eczema Society of Canada, 411 The Queensway South, PO Box 25009, Keswick, Ontario L4P 4C2, Canada.**

#### **Introduction**

ESC is currently soliciting applications for innovative and focused **eczema research or educational projects**. The focus should be the improvement of care and quality of life for eczema sufferers. Specific areas of focus may include, but are not limited to, atopic dermatitis, hand eczema, and contact dermatitis.

Research and educational project proposals will be considered on scientific merit and impact on the lives of Canadian eczema sufferers and must be in accordance with the ESC mission and ESC Clinical Research Trials Guidelines.

## **Review Process**

All **Eczema Research & Educational Project Grant Program** applications will be reviewed on a competitive basis by the **ESC Research & Educational Project Grant Program Review Committee** and awarded and announced by the ESC. Recipients will be notified by email as soon as possible after the selections have been made. The name and institution of the grant applicants are redacted for the purposes of objectivity and anonymity during the review process. The identity and institution of referees are however disclosed to reviewers.

## **Payment of Funds**

All ESC Research Grant Program funds are paid directly to the institutional fiscal officer as indicated in the application. All funds are to be used only for the recipient and project for which the application was made. Surplus funds are to be returned to ESC once the research project is complete. All grants represent a single, one-time grant, and award amounts may range up to \$25,000.

## **APPLICATION REQUIREMENTS**

The 6 documents below must be submitted as one complete PDF document, consisting of not more than 22 pages in total.

### **(1) GRANT APPLICATION FORM (9 PAGES) WITH AGREEMENT, CERTIFICATION, AND INSTITUTIONAL DATA FORM.**

Complete the application form, in its entirety, including the agreement, certification form, and institutional data form. Submit the entire completed 9-page application.

### **(2) PROPOSAL DESCRIPTION FOR EVALUATION (MAXIMUM 1500 WORDS/6 PAGES)**

*The applicant names and institutions are blinded. Please do not include applicant names or institutes in this description section or on any headers or footers.*

Provide a detailed description of your proposal for review by the ESC Research & Educational Project Grant Program Review Committee, using the format below:

(a) **Goals:** What are your specific aims? What is your hypothesis?

(b) **Significance:** What is the significance and relevance of your project to the eczema landscape?

(c) **Preliminary Studies:** What has already been done in this area? (cite all relevant literature and references)

(d) **Methods:** How are you going to accomplish your research or educational project? Describe procedures and data analysis in detail.

**(3) BUDGET (MAXIMUM 2 PAGES)**

Provide a detailed budget of how the funds from the grant will be allocated and disbursed. Include the total project/program budget, and a list of other funding and the names of the funders who are contributing to the project. Indirect costs, such as institutional fees, must be disclosed in the budget.

**(4) BIOGRAPHY (MAXIMUM 1 PAGE)**

Provide a professional biography (400 word maximum).

**(5) LETTER OF RECOMMENDATION (MAXIMUM 2 PAGES)**

Submit one letter of recommendation from a supervisor, however not an applicant or co-applicant.

**(6) RESEARCH ETHICS BOARD APPROVAL FORM (MAXIMUM 2 PAGES) (IF APPLICABLE)**

Submit the final form and/or approval from the Research Ethics Board, if applicable.



**ECZEMA SOCIETY OF CANADA**

**RESEARCH & EDUCATIONAL PROJECT GRANT PROGRAM APPLICATION FORM**

**Title of Grant Proposal:**

**Date of Application:**

**Minimum Grant Requested:**

**Maximum Grant Requested:**

**Research Start Date:**

**PRIMARY APPLICANT (MUST BE PRIMARY INVESTIGATOR)**

Name:

Title:

Position:

Current mailing address:

Telephone:

Email:

**SECONDARY APPLICANT(S)/CO-INVESTIGATOR(S)**

Name:

Title:

Position:

Current mailing address:

Telephone:

Email:

Name:  
Title:  
Position:  
Current mailing address:  
Telephone:  
Email:

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### **FINANCIAL SUPPORT: CURRENT AND PENDING**

List all sources (public and private) of financial support, current and pending, which support the research for which you are applying. Indicate specific dollar amounts and whether or not the financing is secured. If additional space is required, attach an appendix to this document with all funding listed in one appendix, not longer than two pages.

Source:  
Description:  
Total Amount:  
Years:  
Secured: Y/N

Source:  
Description:  
Total Amount:  
Years:  
Secured: Y/N

Source:  
Description:  
Total Amount:  
Years:  
Secured: Y/N

### **BUDGET**

Provide an attached copy of your detailed budget. Include a summary of how funds will be allocated, including any indirect costs. The entire budget submission should not exceed two pages.

**Please answer the following questions:**

1. Provide a breakdown of time spent on the research by each of the applicants, including the principal investigator and the co-investigators.

2. List all other projects, research and otherwise, on which you are currently working. What is the financial support for this work? What percentage of your effort are you spending on those projects?

3. Have you received any previous funding from ESC? Explain.

4. Has your previously funded work from ESC been published? Please list titles, publications, and dates of publications.

**ESC RESEARCH GRANT PROGRAM AGREEMENT AND CERTIFICATION**

I hereby certify that the statements in this application are true, correct, and complete to the best of my knowledge. If awarded any grant by ESC, the undersigned hereby agrees to provide the following written reports to ESC: (i) A midway progress report, (ii) a final research report. These reports should be scientific in nature and should each include a brief summary of the report in lay terms for the use of ESC communications to eczema sufferers and the general population. The undersigned acknowledges this ESC grant is to be used for the express purpose as indicated in the application budget as supplied to ESC by the applicant, and all research will be compliant with the institutional research ethics requirements. The undersigned agrees that in the event the research project is completed under the budgeted amount (less than the total amount of the grant award), any unused funds remain the sole property of and must be reimbursed to ESC. The undersigned also agrees that (i) the ESC name, logo, or any identifying marks belonging to ESC will not be used without the express written consent of ESC, including when referencing the application for or receipt of an ESC grant, and (ii) all that any events, communications, or programs, will not interfere or compete with ESC activities. The final budget summary, with complete accounting, must accompany the final report.

I/We agree to release the ESC from any and all litigation that may occur regarding the research study.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Primary Applicant

\_\_\_\_\_  
Print/Type Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Secondary/Co-Applicant

\_\_\_\_\_  
Print/Type Name



**ESC RESEARCH GRANT PROGRAM APPLICATION  
INSTITUTIONAL DATA**

***Complete with all required signatures and submit with completed application package.***

Name of Institution:  
Location:  
Sponsoring Department:  
Head of Sponsoring Dept.:  
Phone:  
Address:  
Email address:

Dean or Administrative Official:  
Title:  
Phone:  
Address:  
Email address:

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***COMPLETE AND ACCURATE INFORMATION IN THIS SECTION IS REQUIRED FOR PAYMENT OF GRANTS.***

Cheque should be made payable to: \_\_\_\_\_

**Fiscal Officer (to whom cheque should be mailed)**

Name:  
Title:  
Phone:  
Address:

\_\_\_\_\_  
Fiscal Officer/Department (print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Project Director or Applicant (print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department Head/Administrative Official (print name)

\_\_\_\_\_  
Signature