

**COVID-19 Immunity Task Force**

**COVID-19 Hot-Spots**

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| 1. **Applicant Information - Organizational Information**
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| Language of Correspondence Preferred [ ]  English [ ]  French |
| a. Legal Name of Organization:      b. Legal Name of Organization in French (if applicable):       |
| Mailing Address: | Courier Address (if different than mailing address): |
|  |       |  |       |
| Name of signatory authority (e.g. Executive Director, Vice-Principal, Research, or President:         |
| Name of Financial Officer:       Email of Financial Officer:       |
| Principal Applicant’s Name      Mailing Address (if different from above):      | Telephone No.:       Extension:       |
|  | Fax No.:       |
| E-mail Address:       |

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| **2. PROJECT INFORMATION**  |
| Project Title:        |
| Planned Project Start Date:       | Planned Project End Date:       |
| Duration of Project (months):       | Total Amount Requested:        |
| **Project Overview and Work Plan (1-2 paragraphs)**  |
| * 1. What are the objectives of the study? (1-2 paragraphs)
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| * 1. How do they correspond with the strategic priorities of the EOI for understanding Hot Spots (1-2 paragraphs)
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| **3. PROJECT DESCRIPTION AND WORKPLAN**  |
| Provide an overview of the project, including:* Key activities and outcomes with timelines
* Need for this project / why it is important to carry out this work
* Describe the community/occupational sector/ organization and identify the key stakeholders.
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| 1. Description of the study(ies). Provide a brief overview of the following study elements (2-4 paragraphs):
2. Design (cross-sectional, cohort), description of study population, GBA+ consideration, participant recruitment strategy, and scale of studies in terms of their coverage of the Canadian landscape;
3. Sample size including precision estimates;
4. Methodology: Population variables; how they will be collected, frequency of collection and their correspondence to CITF core data set (See here on CITF Website);
5. Methodology: Measures of immunity, including specifics on the assay type and accuracy, sampling frequency, how samples will be collected, transported, stored etc.
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| 1. Engagement of key partners: Please provide a description of the hot spot for your study (geographic area, long term care settings, or occupation group) and include any special considerations and compliance requirements that need to be met. Please identify key stakeholders and provide letters of engagement or collaboration (1 paragraph). Provide names and contact information in section 5 below.
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| 1. Data management, analysis and sharing plans and their correspondence with the overarching data governance plan of the CITF; Identify any limitations with sharing your data and information (1 paragraph).
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| 1. Knowledge Translation Plan / Dissemination: Identify how the information and data from your project will be made accessible, over the funding period and beyond. Provide a timeline for implementation and reporting of results including an assessment of study feasibility (1 paragraph).
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| **WORKPLAN TIMELINES**(add lines as needed) |
| **Objective(s)**What you intend to accomplish as a result of your project. | **Person(s) Responsible**Who will be responsible for these activities? | **Activities**Actions to be taken to meet the objectives. | **Timelines**When and/or how long will the activities occur?(be specific) |
| Objective 1: |  |  |  |
| Objective 2:  |  |  |  |
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|  **4. STUDY COLLABORATIONS**  |
| List academic/research co-investigators * + Indicate the role of each co-investigator
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| * + 1. Provide a brief description of the participating investigators and their academic organizations with focus on their role in the project.
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| **Name and email of Co-investigators** | **Role in Project** |
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|  **5. PARTNERSHIP AND COLLABORATIONS**  |
| Description of partners (1-2 paragraphs):* + Indicate the participating geographic community, occupational sector or long-term care facility
	+ Indicate the key stakeholders and provide information on how they will be engaged in design and implementation of the study
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| a. Provide a list of the participating organizations and contact information for the project. |
| **Name of Partner Organization(s)**Add extras fields as required | **Contact for partner organization (s)** |
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| **6. BUDGET SUMMARY**  |
| Budget: 1. Overall budget for the study(ies);
2. Breakdown of budget according to main budget items with a brief justification of each;
* Personnel
	+ Full-time employees: (Positions and estimated amounts)
	+ Part-time employees: (Positions and estimated amounts)
	+ Others - (Position and estimated amounts)
* Services (including those related to immune testing and analysis)
* Materials (including consumables and procurement of tests)
* Knowledge Translation
 |
| For each budget item, describe the proposed costs items in relation to the proposed project.  |
| **Personnel**  |
| Full time employees: (Positions including highly qualified personnel, salary)       |
| Part time employees: (Positions, salary)       |
| Other: (Positions, salary)       |
| **Services**  |
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| **Materials** |
| Project Materials: (Purpose, estimated prices)       |
| Immune studies       |
| Other (specify):       |
| **Equipment** |
| Special Equipment: (Purchase or rental is on a case-by-case basis. The equipment must be unique and necessary to carry out the project.)      |
| Technology       |
| Other Equipment       |
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| Knowledge Translation/Dissemination: (What, where, how, cost)       |
| **Other (specify)**  |
| Specify purpose, description, and cost       |
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