



## Restore Vision 20/20 – Full Application Form

### 1. PROJECT OVERVIEW

Scientific Project Title

Plain Language Project Title

Disease relevance (1200 characters, with spaces; 200 word maximum): What are the retinal degenerative disease(s) that could be impacted by your research?

Key Deliverables (1540 characters, with spaces; 250 word maximum): Identify 2-3 key deliverables to be achieved within the 1<sup>st</sup> and 2<sup>nd</sup> year of grant funding:



**Clinical Readiness:** What is the level of clinical readiness for your proposed project during the funding period?  
Please select all that apply:

Yes/No	Proposed research activities
	Pre-clinical small animal
	Pre-clinical large animal
	Cell manufacturing for clinical grade and quantity
	Clinical trial application to Health Canada
	Research Ethics Board application
	Initiation of a clinical trial
	Other (please specify)

**Executive Summary** (3080 characters, with spaces; approximately 500 word maximum) – clearly state the proposed project, rationale, hypothesis, and objectives



**Long-term Translation Plan** (3080 characters, with spaces; 500 word maximum) Provide a clear description of your long-term (4 year) clinical translation plan for the proposed research project, highlighting how the research proposed in year 1 and year 2 will contribute to this end.



## 2. PROJECT TEAM

In the tables below, list all team members and collaborators. Please include a 2-3 sentence description of the role that each member will play in the research. Clearly identify each member's strength and expertise. International collaborations are welcomed. The principal applicant must be in a Canadian institution. Provide CVs of all investigators who will receive funding. Use the NIH Biosketch format, or any other similar format (5 pages max. for each CV).

**Project Management** is essential for the success of the project. A single member of the research team must be designated as the "scientific coordinator" and devote at least 50% of his/her time overseeing the effective implementation of the project (does not need to be the principal applicant). The scientific coordinator will be in regular contact with FFB staff regarding research progress and milestones to ensure the project's timely completion. Identify the scientific coordinator in the "role in project" section.

### Principal Applicant:

Name	Telephone
Appointment held	Email
Department and Institution	Mailing Address
Role in project:	

**Co- Applicants:** Canadian and/or international collaborators who are requesting funding to support their role in the project.

Name	Telephone
Appointment held	Email
Department and Institution	Mailing Address
Role in project:	



Name	Telephone
Appointment held	Email
Department and Institution	Mailing Address
Role in project:	

Name	Telephone
Appointment held	Email
Department and Institution	Mailing Address
Role in project:	

Name	Telephone
Appointment held	Email
Department and Institution	Mailing Address
Role in project:	



**Collaborators:** Canadian and/or international collaborators who are NOT requesting funding.

Name	Telephone
Appointment held	Email
Department and Institution	Mailing Address
Role in project:	

Name	Telephone
Appointment held	Email
Department and Institution	Mailing Address
Role in project:	

Name	Telephone
Appointment held	Email
Department and Institution	Mailing Address
Role in project:	



**Highly Qualified Personnel:** Students, postdoctoral fellow, research associates, technicians who will contribute to the project. (Additional pages may be added)

Name	Telephone
Position held	Email
Department and Institution	Mailing Address
Role in project:	
Will this HQP be funded fully or partially by this grant?	

Name	Telephone
Position held	Email
Department and Institution	Mailing Address
Role in project:	
Will this HQP be funded fully or partially by this grant?	

Name	Telephone
Position held	Email
Department and Institution	Mailing Address
Role in project:	
Will this HQP be funded fully or partially by this grant?	



### 3. SIGNATURE PAGE

**Principal Investigator Name:**

**Institution:**

**Project Title:**

As the principal investigator on this project, I confirm that this project has completed all safety, regulatory and ethical reviews as required by my institution.

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*Signature of Principal Investigator*

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*Date*

**Authorized Institutional Representative Name:**

**Authorized Institutional Representative Title:**

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*Signature of Authorized Institutional Representative*

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*Date*