**Funding Organization:** WE-SPARK Health Institute

**Program Name**: Igniting Discovery Grants

**Sponsor(s):** WE-SPARK Health Institute,

Windsor Cancer Centre Foundation

**Program Launch Date:** July 31, 2020

2020 Notice of Intent (NOI)

## Due **Friday August 7th, 2020** by 5PM

## Please submit to **Ingrid Qemo** (iqemo@uwindsor.ca)

**Principal Applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname, Given name: |  | Institution: |  |
| Faculty/ Department: |  | Email: |  |

**Priority Research Area**

1. Please only check the box below if you are applying to the specific research priority area.

|  |  |
| --- | --- |
|  | **Cancer** *(funded through the Seeds4Hope Program by the Windsor Cancer Centre Foundation)* |

1. Briefly outline how this proposed project fits within the cancer research context.

**Project Information**

**Title:**

**Disciplines that best correspond to project.** *Check all that apply:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Biological Sciences |  | Engineering |  | Math/Physics/Economics |
|  | Computer Science |  | Human Kinetics |  | Psychology |
|  | Chemistry/Biochemistry |  | Nursing |  | Other (specify below) |

Other:

**Current Awards**

1. Do you currently hold a seed grant through WE-SPARK or the WCCF?

|  |  |
| --- | --- |
|  | **YES** |
|  | **NO**  |

1. **If yes**, please briefly explain how the proposed project differs from the seed grant you currently hold.
2. By checking the box below, you confirm that the budgets for each project are exclusive of one another. *\*This may be subject to review by an administrator.*

|  |  |
| --- | --- |
|  | **I confirm that project budgets will be exclusive of one another.**  |

**Keywords**

*Please provide a few keywords that capture your research project.*

**Project Summary (0.5 page)**

*Please provide a summary of your proposal here. Aim to include project rationale, research goals/ objectives, research approach/ methodology, team expertise, and potential outcomes.*

**FOR THOSE APPLYING TO THE CANCER RESEARCH PRIORITY AREA PLEASE COMPLETE SECTIONS BELOW.**

**Suggested Reviewers**

*Provide contact information for up to three (3) active researchers in**North America who could provide an independent assessment of your proposal.*

**Reviewer 1**

|  |  |
| --- | --- |
| Surname, Given name: |  |
| Organization (full name): |  |
| Department & Faculty:  |  |
| City, Province/state, Country: |  |
| Telephone: |  |
| Email: |  |
| Area of expertise: |  |

**Reviewer 2**

|  |  |
| --- | --- |
| Surname, Given name: |  |
| Organization (full name): |  |
| Department & Faculty:  |  |
| City, Province/state, Country: |  |
| Telephone: |  |
| Email: |  |
| Area of expertise: |  |

**Reviewer 3**

|  |  |
| --- | --- |
| Surname, Given name: |  |
| Organization (full name): |  |
| Department & Faculty:  |  |
| City, Province/state, Country: |  |
| Telephone: |  |
| Email: |  |
| Area of expertise: |  |
|  |  |

**Reviewer Exclusion (Optional)**

*List the names and organizations of any reviewers to be excluded from reviewing your proposal.*