Department of Obstetrics and Gynecology
Resident Research Grant Competition Guidelines

Background:
The Department of Obstetrics and Gynecology is dedicated to fostering a learning environment that encourages and supports basic and clinical research. The Resident Research Grant Competition has been established to provide start up funds that will nurture and help develop resident research interests.

Eligible Applicants:
Core Obstetrics and Gynecology Residents. Only one application per resident per project will be accepted.

Funding:
A single award will be no greater than $750 and will be awarded for one year. A full budget with justification must be provided.

Ineligible Costs:
Funding support will not be awarded for secretarial/clerical or clinical support, travel, renovations, or equipment maintenance or installation costs.

Application Procedure:
• The program is administered by the Department Education Fund Committee in the Department of Obstetrics and Gynecology. Application Forms are attached (see below)
• Application deadline is 1600h on the 30th day of November, each academic year.
• Submit a Research Grant Application Form with all original supporting documentation to the Department APO, Obstetrics and Gynecology, 5S131 Lois Hole Hospital, Robbins Pavilion, Royal Alexandra Hospital.
• Incomplete applications will not be considered.
• A subcommittee will be organized to review and approve applications.

Human Ethics, Animal Biosafety and Resource Approval:
Applicants are responsible for ensuring that applications have received all necessary ethics, animal certification or biohazard approval. Applications utilizing Capital Health resources must receive resource approval from Capital Health.

Distribution of Funds:
Once awarded, funds will be administered by the Department Education Fund Committee within the Department of Obstetrics and Gynecology. Funds must be spent within one (1) year of the award. Major changes in how the awarded funding will be used must be submitted in writing to the Department Education Fund Committee for approval.

Reporting:
Each successful applicant is required to submit a report indicating the results and a financial report at the end of the funding period to the Department Education Fund Committee, Department of Obstetrics and Gynecology.
Application Form

Applicant Name (Please print):

___________________________

First Submission ☐ Resubmission ☐

Project Title: ______________________________________________________________________

Start Date: _____________________________ Finish Date: _______________________________

Preceptor: ______________________________  Preceptor Title:  ____________________________

Proposed Location of Research

Department/Faculty:  _______________________________________________________

Research Group Affiliation (if applicable): _______________________________________

Human Ethics, Animal Biosafety and Resource Approval

Indicate if the project involves the following. Please note that certification must be received before funds are released.

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<th>N/A</th>
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<td>Human Subjects</td>
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Budget

The requested budget should reflect expenditures for the development and expansion of the proposed research project. The following costs are not to be included as part of the requested budget: secretarial/clerical/clinical Support, travel, renovations and maintenance/installation of equipment.

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Other Expenses (provide details)

|                                                      |   |
|                                                      |   |
|                                                      |   |
|                                                      |   |

TOTAL $  

Budget Justification

Please attach a one page maximum budget justification.

Applicant Signature

___________________________  __________________________

Signature  Date Signed
Details of Research Proposal
Describe clearly and concisely the proposed research project and include the following (maximum of 5 pages not including bibliography, figures, graphs). Your proposal should be typed in Arial, 11 point font and attached to the application form.

1. Introduction to the problem being investigated/rationale
2. Research question/hypothesis
3. Objectives
4. Methodology
5. Anticipated results
6. Research design and data analysis
7. Criteria that will be used to measure whether project objectives have been achieved
8. Relevance of project to women's health
9. Bibliography
10. References

Project Summary Suitable for Public Information
Provide in 15 lines or less a non-technical summary of your research, written in simple and clear language suitable for a lay audience. Also include the lay title of your research. Your summary should be typed in Arial, 11 point font and attached to the application form.

Signatures
The applicant is responsible for obtaining all required signatures. The application will not be considered if signatures are missing.

Applicant Name (please print): ____________________________________________
Applicant Signature: ____________________________________________________
Date Signed: __________________________________________________________

Preceptor Name (please print):____________________________________________
Preceptor Signature:  ___________________________________________________
Date Signed: __________________________________________________________

Department Chair Name (please print):  ____________________________________
Department Chair Signature:  _____________________________________________
Date Signed:  _________________________________________________________

Completed applications must be submitted by 4:00 pm, November 30. Submit to the Department APO at the following address:
Department of Obstetrics and Gynecology
Royal Alexandra Hospital
5S131 LHH, Robbins Pav, RAH