



## Sick Kids-CF Canada Program for Individualized CF Therapy Synergy Grant Competition

<b>Name of Applicant(s):</b>	
<b>Position of Applicant(s):</b>	<b>Date (mm/dd/yy):</b>
<b>Telephone Number:</b>	
<b>Email:</b>	
<b>Institution(s) and Address(es):</b>	
<b>Title of Application:</b>	
<b>Which competition are you applying for? (please check box)</b>	
<input type="checkbox"/> <b>Small synergy grant (up to \$40K)</b> <input type="checkbox"/> <b>Micro synergy grant (up to \$20K)</b>	
<b>Resources to be used:</b>	
<input type="checkbox"/> <b>IPS cells</b> <input type="checkbox"/> <b>Nasal cells</b> <input type="checkbox"/> <b>Genomic DNA data/RNAseq data</b> <input type="checkbox"/> <b>Clinical data</b> <input type="checkbox"/> <b>Clinical study design resources</b> <input type="checkbox"/> <b>Functional assays</b> <input type="checkbox"/> <b>Other, please specify: _____</b>	
<b>Summary: Use lay language (no more than 5 lines)</b>	
_____	
_____	
_____	
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\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**