# **USER MANUAL**

For WebGrants

Annual Breast Cancer Fellowship Grant Competition

Deadline: October 30, 2015



Creating a Future Without Breast Cancer



#### **Overview:**

This manual provides a step-by-step guide for completing your application for the Fellowship Program funding online, using the WebGrants system.

New WebGrants User:

N Help	
🤌 System Compa	tibility
	Operating Systems (OS)         The WebGrants software is compatible with the following Operating systems:         Image: Comparison of the terminal systems of
	Browsers The WebGrants software is compatible with the following Internet Browsers: Microsoft Internet Explorer 6.0+ Mozilla Firefox 2.0+ Apple Safari 2.0+ Opera 9.0+

## Step 1: Registering as a new WebGrants User

To register with the WebGrants system, click the **Register Here** link on the **Login** page.

<u> Help</u>		System Compatibility
🍳 Log In		
ĸ	Login User ID:*	CANADIAN BREAST CANCER FOUNDATION FOUNDATION CANADIENNE DU CANCER DU SEIN"
	Password:* Login Forgot Password?	New to WebGrants? Register Here
	rorgor rassword:	

Complete all asterisked fields and as many optional fields as you can on the Registration form.

<u> Help</u>		
😥 Register		
Personal Inform	ation	Register
Name*	Dr. 🔻	
Title	Salutation First Name Mide	ddle Name Last Name
Department:		
Citizenship:*		
Gender:	Female -	
Region:	Atlantic -	
Address*		
*		
	City State/Province	<b>~</b>
Country:	United States 👻	
Phone*	Posta	tal Code/Zip
Fax	Phone Ext.	
Alt Phone:		_
	Alt. Phone ExtMobile Phone	
Email*		
Assistant:		
	Name	Assistant Phone Assistant Phone Ext.Assistant Email

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When all entries are complete, Click the Register link.

A confirmation page will be displayed and you will receive a confirmation email. However, you cannot log into the system at this time. CBCF must approve your registration before your User ID and Password becomes active.

#### Please allow one business day for processing of your registration request.

You will receive another email when CBCF approves or disapproves your registration. If your registration has been approved, your User ID and password will now be active and you may log into the system on the **Login** screen to complete **Step 2**: Updating your **User Profile**.

#### Step 2: Updating your WebGrants User Profile

After you have received an e-mail indicating that your WebGrants registration has been approved by CBCF, go to the Login screen to log in and then click the **My Profile** icon from the Main Menu.

😙 Menu   🧟 Help   📲 Log Out	🥱 🗛 🖓 Print   🥐 Add   渊 Delete   🥳 Edit   📙 Save
🕈 😙 Welcome	
Main Menu	
Click Help above to view instructions. Go to "My Profile" to r	eset password.
	Instructions My Profile
	Funding Opportunities
	My Applications
<u> </u>	My Grants



Click	the	Edit	icon.
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资 Menu	🍕 Help   🍟 Log Out		Sack	📚 Print   🥼 Add   🗯 D	elete   룴 Edit   📙 Savo
🔒 My Pr	ofile				
My Profile					
Name:*	Dr. 🔻 John		Do	)e	
	Salutation First Name	Middle Name	Las	t Name	
Department:					
Citizenship:*	Canadian				
Email:*	ahoward@cherpa.ca				
Address:*	14 Highland Drive				
City*	Brampton	Ontario 👻	L3H2N6		
		State/Province	Postal Code/Zip		
Country:	Canada	<b>•</b>			
Phone:*	416-896-5296				
Fax:	Phone Ext.				
Alt Phone:		_			
All Fliville.	Als place	e ExtMobile Phone			
Credentials:	Alt, Phone	e extinoplie priofie			
			÷		
Assistant:			1		
	Name		Assistant Phone	Assistant Phone Ext.Assistan	t Email
			. assistant r none	. Container Home Excitosister	

Review and confirm accuracy of profile information, and update as required.



My Profile					Reset F	Passwoi
Name	** Dr. Salutation	John First Name	Middle Name		Doe Last Name	
Departmen	t:					
Citizenshi	p: Canadian					
Ema	il: ahoward@che	rpa.ca				
Addres	<u>۲</u>					
Cit	v* Brampton <sub>City</sub>	Ontario State/Provi	ice	L3H2N6 Postal Code/Zi	P	
Countr	v: Canada					
Phone	** 416-896-5296 Phone				Ext.	
Fa	х:					
Alt Phor	e: Alt. Phone Ext		Mobile	Phone		
Credential	s:					
Assistan Please attach your current CV.	n <b>t:</b> Name Assistan	nt Phone A	sistant Phone Ext.	Ass	istant Email	
Attach C	V:					
					Last Edited I	By: John D
Associated Organizatior	IS					
Name	T	ype	Website	Phone	City	State
Test Organization 2	Out of State For-Profit C			416-897-5869	Toronto	Ontario

Click the Save icon to return to the Main Menu (The My Profile Main Screen).

Please ensure that your C.V. is uploaded and up-to-date, as this C.V. will be linked to your Fellowship Application.



#### Main Menu

The modules displayed on the Main Menu are as follows:

😙 Menu   🧸 Help   📲 Log Out	🥱 🗛 🖓 Print   🧼 Add   渊 Delete   🥳 Edit   🔚 Save
Nelcome	
Main Menu	
Click Help above to view instructions. Go to 'My Profile'' to	reset password.
	Instructions
	My Profile
	Funding Opportunities
Sec. 1997	My Applications
<u>.</u>	My Grants

#### Instructions

To access the WebGrants Instructions screen, click the Instructions link.

I	🌮 Menu   🧏 Help   📲 Log Out 🌱 🦓 Back   쵫 Print   🥐 Add   💢 Delete   🥳 Edit   📙 Save
	Instructions
	Grantee Instructions
	Overview
	This page is provides an overview of the functionality in the new CBCF WebGrants system. Please read these instructions before you begin using the system. After you begin using the system you can refer back to these instructions or print them out by clicking on the Print button above to view a printable version of these instructions. You can also press the Help button on each page to get online help specific to the page you are on.
	If you have any questions not answered on this page or need additional help please contact the appropriate CBCF regional office at:
	Atlantic Region Contact: webgrants.at@cbcf.org
	BC/Yukon Region Contact: webgrants.bc@cbcf.org
	Ontario Region Contact: webgrants.on@cbcf.org
	Prairies/NWT Region Contact: webgrants.pr@cbcf.org

The Instructions page includes information on general navigation, the Main Menu screen, and each of the links found on the Main Menu screen. The Instructions document can be printed using the Print icon.



#### **My Profile**

This module allows you to reset your password, as well as edit your personal contact information

#### **Funding Opportunities**

To **View** Funding Opportunities (Calls for Proposals) available in BC/Yukon, click the **Funding Opportunities** icon. This will display a list of all open Opportunities, their Program Areas, and Proposal Deadlines.

ا 🌮	Menu   🧟 Help   響 Log Out	Sack	🗟 Print   🥐 Add   🗯 De	lete   💕 Edit   🔚 Save	
2	Funding Opportunities				
Curr	rent Funding Opportunities				
This screen contains a brief summary of this opportunity. The deadline displays the due date of the application. You will be unable to submit a application after this date. Click on the title to open the Funding Opportunity summary.					
ID	Program	Opportunity Title	Pre-Application Deadline	Application Deadline	
192	British Columbia - Community Grants	September 10 Test		09/30/2009	
194	British Columbia - Fellowship Funding	September 10 Test		09/30/2009	
195	British Columbia - Research	September 10 Test		09/30/2009	

To view a particular Funding Opportunity, click on the link under **Opportunity Title**. A screen with Opportunity Details will be displayed. The Fellowship Application Guidebook and Fellowship Application User Manual can also be accessed from this page. Also displayed will be titles and status of any applications you may already have made to this Opportunity. This screen can be printed using the print function of your web browser.



🏈 Menu   🦉	Help   🍟 Log Out	<	🖥 🗛 🛛 🗞 Print   🦛	\dd   渊 Delete   💰 Edit   📙 Save			
🕐 Funding	) Opportunities						
Current Applications							
Any previously cre	eated applications, for this o						
ID		Applicatio	n Title	Status			
196	Community Grant BC			Editing			
Opportunity	Details			Start a New Application			
192-Septem	ber 10						
	mbia - Community Gra	ants					
Application [	Deadline: 09/30/2009						
Award Amount	-	Not Applicable	Program Officer:	Amber Howard			
Project Start Da Project End Dat			Phone: Email:	x			
Award Annound			Lindi				
Description							
Description							
Attachments	3						
Click on the File	Name to open attachment						
Description			File Name				
Website Lini	ke						
Click on the URL							
URL	Description						

To Apply to a particular Funding Opportunity, click the **Start a New Application**link. This will take you directly to the first Application Component to begin entering your application.

#### **My Applications**

The My Applications module displays a list of all recent applications, and shows the current status of each (Editing, Submitted, Correcting, Under Review and Approved). To view applications in other statuses, click on the Archived Applications link.



😚 Menu   🧟 Help   📲 Log Out 👘	Sack   🖄 Print   👘 Add   🗯 D	elete   🧭 Edit	Save
Applications			
Current Applications		Archived Applic	ations
ID	Project Title	Funding Opportunity	Status
134 Amber last test		96-Research - Application - Test 2 - August 12	Editing
135 Amber last test Fellowship		99-Fellowship - Applicaiton 2 August 12	Editing
136 Amber last test partnership		116-Community Based Research - August 13	Editing
145 Fellowship - August 28'09		99-Fellowship - Applicaiton 2 August 12	Editing
114 Fellowship testing August 14, 2009		99-Fellowship - Applicaiton 2 August 12	Editing
117 Implementation August 13		115-Community Based Research August 13	Editing

Clicking on an application's Project Title will display the application, in black and white, in a pop-up window.

#### **My Grants**

The My Grants screen displays titles of funded applications (Awards) from 2008 forward.

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Award Tracking								
Curren	nt Awards			Closed Awards				
Awards w	ith the status Underway or Su	uspended appear on	this list. To view other awa	rds, click closed awards link.				
ID	Status	Year	Name	Program Area				

The initial page displays grants with the status Underway and Suspended. Clicking on the Closed Awards link will display grants with the status Closed and Archived.

Clicking on a grant's title will display the grant components. This module will be used for progress reporting, payment processing and communication with CBCF during the funding period for open grants.



#### **Fellowship Application Components**

#### **General Information**

This is the initial step to completing a Fellowship application. This component requests basic, initial information concerning the application.

Login to the Main Menu.

Click on the Funding Opportunities icon from the Main Menu.

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Punding Opportunities								
Curr	rent Funding Opportunities							
applic	screen contains a brief summary of this op cation after this date. on the title to open the Funding Opportuni		ays the due date of the application. Y	ou will be unable to submit an				
ID	Program	Opportunity Title	Pre-Application Deadline	Application Deadline				
192	British Columbia - Community Grants	September 10 Test		09/30/2009				
194	British Columbia - Fellowship Funding	September 10 Test		09/30/2009				
195	British Columbia - Research	September 10 Test		09/30/2009				

Choose the Funding Opportunity from the list of available options.



🅎 Menu   🍃	Help   🍟 Log Out	5	) Back   🔌 Print   🧼 A	dd   渊 Delete   💰 Edit   🔚 Save
🕜 Funding	g Opportunities			
Current App	lications			
Any previously cre	eated applications, for this	opportunity, appear belo	ow	
ID		Application	Title	Status
196	Community Grant B	2		Editing
Opportunity	Details			Start a New Application
192-Septem	ber 10			
British Colu	mbia - Community Gr	ants		
Application [	Deadline: 09/30/2009			
Award Amount Project Start Da Project End Dat Award Annound	ate: te:	Not Applicable	Program Officer: Phone: Email:	Amber Howard x
Description Description				
Attachments Click on the File Description	S Name to open attachment	F	ile Name	
Website Lin Click on the URL URL		n		

Click on **Start a New Application**at the top right hand side of the screen to create an application for this funding opportunity.

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🎲 Menu   🧟 Help   響 Lo	og Out	🖙 😪 😪 🖓 🖓 🖓 🖓 🖓	Delete   🧭 Edit   <mark> </mark>
<b>W</b> Application			
General Information			
ID:	104		
Principal Applicant:*	John Doe 🔻		
Project Title: (limited to 350 characters)*			*
			<b>v</b>
Organization:*	Test Organization 2 🔻		
			Return to top to save

Enter the **Project Title** of your application.

The Host Organization you provided on the "My Profile" page will automatically appear in this field.

Click	on the	Save	icon	to	save	the	inform	ation	vou	have	entere	be
Check	on the	Juic	10011	ιU	Juve	the		ation	you	nuve	cincere	- 0

🛞 Menu   🧟 Help   📲 Lo	og Out 🥎 Ba	ack   🖄 Print   🥐 Add   渊 Delete   💰 Edit   🔚 Save
<b>W</b> Application		
99 -		
Application Number:	145	
Project Title:		
Program Area:		
Proposal Deadline:	08/31/2009	
Instructions		
To continue with the remaining parts	s of the application, click on the "Go	to Applications Forms" link below.
General Information		Go to Application Forms
ID:	145	
Project Title:		
Principal Applicant:	John Doe	
Organization:	Test Organization 2	
		Last Edited By: John Doe, 09/04/2009

Click on the **Go to Application Forms** link to complete the remaining application components.



#### **Funding Duration**

Applicants must choose the number of funding months they are requesting.

Click on **Funding Duration** from the components list.

😚 Menu   🧟 Help   📲 Lo	g Out 🌑 🎭 Back   🤙 Print   🧼 Add   💢 Delete   🧭 Edit   🔚 Save
<b>W</b> Application	
99 - Fellowship - Applicaito	n 2 August 12
Application Number:	145
Project Title:	Fellowship - August 28'09
Program Area:	Ontario - Fellowship Funding
Proposal Deadline:	08/31/2009
Euroding Duration	
Funding Duration	
Funding Duration Requested:	12 Months 👻
	Return to top to save

Choose the **Funding Duration Requested** from the drop down menu. (Please refer to the **Fellowship Category and Level Section** of the Fellowship Application Guidebook for further information on Fellowship funding duration).

Click on the **Save** icon to save the information you have entered.

Click on the **Mark as Complete**link to return to the components menu.

#### **Fellowship Category and Level**

Applicants must indicate the category and level of fellowship being applied for.

Click on Fellowship Category and Levelfrom the components list.



🕎 Menu   🧟 Help   📲 Lo	og Out 🌼 🖓 Back   🤅	Print   衛 Add   渊 Delete   🛃 Edit   🔚 Save
<b>Application</b>		
99 - Fellowship - Applicaito	n 2 August 12	
Application Number:	145	
Project Title:	Fellowship - August 28'09	
Program Area:	Ontario - Fellowship Funding	
Proposal Deadline:	08/31/2009	
Fellowship Category and L	evel	Mark as Complete   Go to Application Forms
Fellowship Level:	Post Masters/PhD Level	
Anticipated Start Date:	09/24/2009	
Fellowship Focus:	Clinical	
		Last Edited By: John Doe, 09/04/2009

Click on the **Edit** icon from the top right hand side of the page

😚 Menu   🧟 Help   📲 Lo	og Out 🧠 🎭 Back   🔌 Print   🥐 Add   💢 Delete   🧭 Edit   📙 Save
Section 4 Application	
99 - Fellowship - Applicaito	n 2 August 12
Application Number:	145
Project Title:	Fellowship - August 28'09
Program Area:	Ontario - Fellowship Funding
Proposal Deadline:	08/31/2009
Fellowship Category and L	evel
Fellowship Level:*	Masters Level -
Anticipated Start Date:*	
Fellowship Focus:*	Research -
	Return to top to save

Choose your **Fellowship Level** from the drop down menu.

Click on the Calendar icon to choose the Anticipated Start Date.

Choose **Research** from the drop down menu as your Fellowship focus.

Click on the **Save** icon to save the information you have entered.

Click on the **Mark as Complete**link to return to the components menu.



#### Fellowship Supervisor(s)

Applicants must indicate at least one (or at most two) Fellowship Supervisor(s), one of whom must be affiliated with the Project Host Organization. Please see "Additional Information", below, for Supervisor requirements and commitments.

Click on Fellowship Supervisors from the components list.

쪬 Menu	🔏 Help	Eog Out		Sack	🔌 Print   🥐 A	dd   🖇	🕻 Delete 🛛 💕 i	Edit 🛛 🔚 Save
🐳 Appli	cation							
99 - Fellov	wship - Appl	icaiton 2 Aug	just 12					
Ар	plication Nur	<b>nber: 1</b> 45						
	Project	Title: Fellows	ship - Augus	t 28'09				
	Program	Area: Ontario	o - Fellowshi	p Funding				
Р	roposal Dea	dline: 08/31/2	2009					
Fellowshi	p Superviso	ors			Mark as C	comple	ete   Go to Appl	ication Forms
First Name:	Last Name:	Phone/Fax:	Fax:	Email:	Organization:	City:	Province/State:	Supervisor CV
J	Smith	333-333-3333	444-444-4444	jsmith@test.ca	University of Toronto	Toronto	Ontario	
							Last Edited By: Joh	n Doe, 09/04/2009

Click on the Add icon at the top of the screen.



资 Menu   🤱	Help   🍟 Log Out		🥱 Back   🔌 Print   🥐 Add   渊 Delete   🧭 Edit   腸 Save
	on		
99 - Fellowshi	p - Applicaiton 2 Augu	st 12	
Appl	ication Number: 145		
	Project Title: Fellow	ship - August 28'09	
	Program Area: Ontari	o - Fellowship Funding	
Pro	posal Deadline: 08/31/	2009	
Fellowship Su	pervisors		
Supervisor:*	Dr. 🔻		
Title:	Prefix: First Name:		Last Name:
Title:			
Phone/Fax:*			
Email:*	Phone Ext.	Fax	R.
Organization:*			
Department:			
Street Address:*			
Address Line 2:			
City:*		Ontario	▼
	City	Province/State	Postal Code/Zip Code
Country:*	Canada	-	
			Return to top to save

Complete **ALL** fields on this page with the Primary Supervisor's information, using drop down menus where applicable.

Click on the **Save** icon to save the information you have entered.



쪬 Menu	🔏 Help	Eog Out		Sack	💩 Print   🥐 A	dd   🖇	🕻 Delete   💕	Edit 📘 📙 Sa	ve
🐳 Appli	cation								
99 - Fello	99 - Fellowship - Applicaiton 2 August 12								
Ар	plication Nur	nber: 145							
	Project	Title: Fellow	ship - Augus	t 28'09					
	Program	Area: Ontari	o - Fellowshi	p Funding					
P	roposal Dea	dline: 08/31/	2009						
									5
Fellowshi	p Superviso	ors			Mark as (	Comple	ete   Go to App	lication Form	15
First Name:	: Last Name:	Phone/Fax:	Fax:	Email:	Organization:	City:	Province/State	Supervisor (	CV
J	Smith	333-333-3333	444-444-4444	jsmith@test.ca	University of Toronto	Toronto	Ontario		
							Last Edited By: Jo	hn Doe, 09/04/2	009

Click on the **Attach** icon on the far right hand side under the **Supervisor CV** column to browse and attach the Supervisor's CV.

Repeat steps 2 to 5 to add a secondary Supervisor, if applicable.

Click on the Mark as Complete link to return to the components menu.

#### **Host Organization**

CBCF-BC/Yukon Region requires the identification of an eligible Host Organization within the Province of British Columbia, to administer proposed fellowships that are funded.

Click on Host Organization from the components list.



🎲 Menu   🧏 Help   🕯	📲 Log Out 🥱 Back   쵫 Pi	rint   🥐 Add   渊 Delete   💰 Edit   🛃 Save
🐳 Application		
99 -	-	
Application Nu	mber: 145	
Project	Title:	
Program	Area:	
Proposal Dea	dline: 08/31/2009	
Host Organization		
Financial Office		
Financial Department:*		
Institution:*		
Street Address:*		
Address Line 2:		
City*		
City	City Province/State	▼ Postal Code/Zip Code
Country:*	Canada 🗸	
CRA Business #/Charitable Registration #:*		
Contact Person:	Dr. 🗸	
Destitions	Prefix: First Name: Last	:Name:
Position:*		×
Phone:*		
	Phone Ext. Fax	
Email:*		
Cheques Payable To:*		

Complete **ALL** fields on this page with the Financial Officer's informationusing the drop down menus where applicable. (Please Note: All fields for the Financial Office are mandatory, including the Host Organization's CRA Business #/Charitable Registration # and the Cheques Payable To fields)

Administrative Office						
Contact Name:	Dr. 🔻					
	Prefix:	First Name:		Last Na	ame:	
Position:		×				× T
Phone/Fax:	Phone	Ext	Fax			
Email:						
Street Address:						
Address Line 2:						
City:				Ontario	•	
	City			Province/State		Postal Code/Zip Code
Country	Canada	)		•		
						Return to top to save

Complete **ALL** fields on this page with the Administrative Office's information, using the drop down menus where applicable.

Click on the **Save** icon to save the information you have entered.

Click on the Mark as Complete link to return to the components menu.

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#### Locations of Project(s)

Research Projects/Fellowships must be conducted within settings that provide facilities and staff necessary to support the requirements of the Detailed Project Proposal. Provide all locations, including Host Organization facilities, where proposed work will take place.

Click on Locations of Project(s) from the components list.

😙 Menu   🧟 Help   🍟 Log Out	🥱 🗞 😪 Print   🥐 Add   渊 Delete   🥳 Edit   📙 Save
Section	
99 -	
Application Number: 145	
Project Title:	
Program Area:	
Proposal Deadline: 08/31/2009	
Locations of Project(s)	Mark as Complete   Go to Application Forms
Location of Work:	Description:
	Last Edited By:

Click on the **Add** icon at the top of the screen.

🛞 Menu   🧟 Help   📲 Log	Out 🆓 Ba	ack   쵫 Print   🧼 A	\dd   渊 Delete   💕 Edit	📙 Save
Application				
99 -				
Application Number: 14	45			
Project Title:				
Program Area:				
Proposal Deadline: ()	8/31/2009			
Locations of Project(s)				
Location of Work:*				
Please provide a description of work to	o be undertaken below. Please li	imit your response in this s	ection to 800 characters.	
Description:			*	
			Return to top	to save
www.cbcf.org/bcyukon				



In the **Location of Work** text box provide the name of the primary location where project activities/training will take place.

In the **Description** text box, provide a brief point-form description of the work that will be undertaken at this location. Indicate whether certificates or approvals (for animal care, biohazard, etc.) are required for this location. Please limit your response to 800 characters (including spaces).

Click on the Save icon to save the information you have entered

Repeat numbers 2-5 for each additional location.

Click on the Mark as Complete link to return to the components menu.

#### **Project Objectives (Aims)**

Click on Project Objectives (Aims) from the components list.

😙 Menu   🧟 Help   📲 Log Out	🥱 🗛 🕹 🖏 Print   🥐 Add   🎉 Delete   🥳 Edit   📙 Save
Section	
99 -	
Application Number: 145	
Project Title:	
Program Area:	
Proposal Deadline: 08/31/2009	
Project Objectives	Mark on Complete L Co to Application Forms
Project Objectives	Mark as Complete   Go to Application Forms
Objective/Aim:	Description:
	Last Edited By:

Click the **Add** icon at the top of the screen.



😙 Menu   🤱 Help   🍟 Log Out	🥱 Back   쵫 Print   🧼 Add   🛸 Delete   🥳 Edit   📙 Save
99 -	
Application Number: 145	
Project Title:	
Program Area:	
Proposal Deadline: 08/31/2009	
Project Objectives	
Objective/Aim:*	
Description:*	A
	*
	Return to top to save

In the **Objective/Aim** text box, briefly describe your project objective.

"Cut and Paste" the **Project Objectives (Aims)** from your Detailed

Project Proposal into the **Description** text box.

Click on the Save icon to save the information you have entered

Repeat steps 2 to 5 for each additional project objective.

Click on the **Mark as Complete** link to return to the components menu.

#### **Present Position and Duties**

Applicants should use this component to briefly outline their present position and duties.

Click on Present Position and Duties from the components list.



😙 Menu   🧟 Help   📲 Log Out	🥱 Back   쵫 Print   👘 Add   渊 Delete   🥳 Edit   🔚 Save
Application	
99 - Fellowship - Applicaiton 2 August 12	
Application Number: 145	
Project Title: Fellowship - August 2	28'09
Program Area: Ontario - Fellowship	Funding
Proposal Deadline: 08/31/2009	
Present Position & Duties	
Present Position & Duties	
	and description of duties. Please limit your response in this section to 800
	*
	-
	Return to top to save

In lay language provide a single-spaced summary of the applicant's present position, including a description of current duties and responsibilities. Please include current source(s) of salary support and when/why these will cease. Please limit your response to 800 characters (including spaces).

Click on the **Save** icon to save the information you have entered.

Click on the Mark as Complete link to return to the components menu.



#### **CSO Codes**

Applicants must indicate in this component which Common Scientific Outline (CSO) Codes most closely match the topic of their proposed work.

Click on CSC	) Coding	from	the	componen	ts list.
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😚 Menu   🧟 Help   📲 Lo	og Out 🌀 Back   🔌 Print   👘 Add   💢 Delete   🧭 Edit   😽 Save
Application	
150 - Research	
Application Number:	151
Project Title:	Testing
Program Area:	Ontario - Research Project
Proposal Deadline:	09/30/2009
CSO Coding	
CSO Code 1:*	1.2 Cancer Initiation: Alterations in Chromosomes
CSO Code 2:*	1.3 Cancer Initiation: Oncogenes and Tumor Suppressor Genes 🔹
CSO Code 3:*	2.3 Interactions of Genes and/or Genetic Polymorphisms with Exogenous and/or Endog 🔹
	Return to top to save

Use the drop down menu to choose up to three sub category CSO Codes that best describe the Primary, Secondary and Tertiary focus areas of the project. (See Appendix A at the back of the Fellowship Application Guidebook for more details on the various CSO Codes).

Click on the Save icon to save the information you have entered.

Click on the Mark as Complete link to return to the components menu.



#### **CSCC Codes**

Applicants must indicate in this component which CSCC Codes (adapted from the Analytic Framework for Cancer Control in Canada (NCIC)) most closely match the topic of their proposed work.

Click on	CSCC	Coding	from	the	com	ponents	list.
----------	------	--------	------	-----	-----	---------	-------

🏀 Menu	🔏 Help   📲 Lo	g Out 🔍	Bac	k   🧶	Print	alle Add 🛛 🖇	🔏 Delete	🔣 Edit	📙 Save
💞 Appli	ication								
99 -									
Ap	oplication Number:	145							
	Project Title:								
R.	Program Area:								
-	Proposal Deadline:	08/31/2009							
CSCC Co	ding								
	CSCC Code 1:*	Fundamental Research (	(FR)	•					
	CSCC Code 2:	Fundamental Research (	(FR)	•					
	CSCC Code 3:	Fundamental Research (	(FR)	•					
							Ret	turn to to	p to save

Use the drop down menus to choose the CSCC Codes that best describe the Primary, Secondary and Tertiary focus areas of the project. Applicants MUST select at least one CSCC code. (See Appendix B in the Fellowship Application Guidebook for more details on the various CSCC Codes).

Click on the Save icon to save the information you have entered.

Click on the Mark as Complete link to return to the components menu.



#### Lay Language Summary of Project

Click on Lay Language Summary of Project from the components list.

😚 Menu   🧟 Help   📲 Log	Out 🎧 B	ack   쵫 Print   🧼 Add	渊 Delete   📝 Edit   📙 Save
<b>W</b> Application			
99 -			
Application Number: 1	45		
Project Title:			
Program Area:			
Proposal Deadline: ()	)8/31/2009		
	•		
Lay Language Summary of Pr	roject		
Lay Summary See Guidebook for Instructions. Pleas	so limit your rosponso in this sod	ion to 1200 observators	
	se inni your response in this sect	on to 1200 characters.	
			<b>v</b>
			Return to top to save

Enter a **Lay Summary** of the project in the text box. Please limit your response to 1200 characters (including spaces).

Click on the **Save** icon to save the information you have entered.

Click on the Mark as Complete link to return to the components menu.

#### Abstract

A Technical Project Summary is required from all Applicants. Please complete all fields.



Click on Abstract from the components list.

🅎 Menu   🧟 Help   📲 Lo	og Out	Back   쵫 Print   🥐 Add	渊 Delete   📝 Edit   📙 Save
W Application			
99 - Fellowship - Applicaito	n 2 August 12		
Application Number:	145		
Project Title:	Fellowship - August 28'09		
Program Area:	Ontario - Fellowship Fundir	g	
Proposal Deadline:	08/31/2009		
Abstract			
Investigators/Departmental			
Affiliation/Organization:* Title of Project:*			
The of Project			
Keyword 1:*			
Keyword 2:			
Keyword 3:			
Keyword 4:			
Keyword 5:			
Scientific Abstract:*			
Please limit your response in this s	ection to 3800 characters.		
e			Return to top to save

In the first text box, please include the **names**, **department affiliation(s)** and **organization(s)** of the following individuals:

#### □ Fellowship applicant

www.cbcf.org/bcyukon



- □ Fellowship Supervisor(s)
- □ other research investigators (if applicable)

Enter the **Title of the Project** or training plan.

Enter up to five **Keywords** that describe the scientific and technical aspects of the project and/or focus of the training plan. You must enter at least one Keyword.

Enter the Scientific Abstract in the text box.

Please limit your response to 3800 characters

Click on the **Save** icon to save the information you have entered.

Click on the Mark as Complete link to return to the components menu.

#### **Detailed Project Proposal**

Applicants must provide a detailed project proposal, following specific content and formatting guidelines.

Click on Detailed Project Proposal from the components list.

The **Detailed Project Proposal** should be completed off-line, saved as a Microsoft Word document, and attached to this component.

😙 Menu   🧟 Help   📲 Log Out	🍫 🗛 🕹 🖓 Print   🥐 Add   渊 Delete   🥳 Edit   딇 Save
Section	
99 -	
Application Number: 145 Project Title: Program Area: Proposal Deadline: 08/31/2009	
Detailed Project Proposal	Mark as Complete   Go to Application Forms
Description	File Name
	Last Edited By:



To attach the **Detailed Project Proposal**, Click the **Add** icon at the top of the page.

😚 Menu   🤱 Help   📲 Log Out	🥱 Back   쵫 Print   🧼 Add   渊 Delete   🥳 Edit   🔚 Save
Section	
Attach File	
Upload File:	Browse
Description:	

Click on the **Browse** button to search for the document.

Click on the Save icon to save your selected document.

Click on the Add icon to add figures and/or surveys pertaining to the Detailed Project Proposal. Attach figures and/or surveys as separate documents.

Click on the Save icon to save your selected document(s).

Click on the Mark as Complete link to return to the components menu.

#### **Knowledge Translation**

Click on Knowledge Translation from the components menu.

😙 Menu   🧟 Help   📲 Log Out	🥱 🖓 Back   쵫 Print   🥐 Add   渊 Delete   💰 Edit   🔚 Save
Section	
182 -	
Application Number: 186	
Project Title:	
Program Area:	
Proposal Deadline: 09/30/2009	
Knowledge Translation	Mark as Complete   Go to Application Forms
Knowledge Translation Strategy:*	
Methods and Intended Audience	Add
Method:	Intended Audience:
	Last Edited By:
www.cbcf.org/bcyukop	

VW.CDCI.Org/DCyukor



Click on the **Edit** icon at the top of the screen.

🛞 Menu   🧟 Help   響 Lo	og Out	Sack   💩 Print   🦼	📄 Add   渊 Delete	🕑 Edit   闄 Save
<b>W</b> Application				
182 -				
Application Number:	186			
Project Title:				
Program Area:				
Proposal Deadline:	09/30/2009			
Knowledge Translation				
Knowledge Translation Strategy:*				
				•
				<b>v</b>
			Reti	urn to top to save

Describe the Knowledge Translation Strategy in the text box provided.



Click on the Save icon to save the information that you have entered.

😚 Menu   🧟 Help   🍟 Log Out	🥱 🗛 🖓 Print   🧼 Add   🛸 Delete   💰 Edit   📙 Save
Section	
182 -	
Application Number: 186	
Project Title:	
Program Area:	
Proposal Deadline: 09/30/2009	
Knowledge Translation	Mark as Complete   Go to Application Forms
Knowledge Translation Strategy:*	Mark as complete   Go to Application Porms
Methods and Intended Audience	Add
Method:	Intended Audience:
	Last Edited By:

Click on the **Add** link on the far right hand side of the screen to add the **Method** of dissemination and the **Intended Audience**.

😚 Menu   🧟 Help   響 Lo	g Out	Sack   🔌 Print   🧼	Add   渊 De	lete   룴 Edit   📙 Save
<b>W</b> Application				
182 -				
Application Number:	186			
Project Title:				
Program Area:				
Proposal Deadline:	09/30/2009			
	•			
Methods and Intended Aud	iences			
Method:*	Peer reviewed articles		•	
Intended Audience:*				•
				<del>,</del>
				Return to top to save

www.cbcf.org/bcyukon



Choose the **Method** of Knowledge Translation using the drop down menu. Enter the **Intended Audience** for the Knowledge Translation. Click on the **Save** icon to save the information you have entered. Repeat steps 5 -7 to add each additional method and intended audience. Click on the **Mark as Complete** link to return to the components menu.

#### **Required Certificates/Approvals**

For **each** of the certificate types listed in the **Certificate Type** drop down menu you **must** indicate whether they are "Attached", "Pending" or "Not Required".

Click on the Required Certificates/Approvals from the components list.

😚 Menu   🧏 Help   🍕	Log Out		Sa 🖓	i <b>ck  </b> 💩 Pri	nt   🥐 Add	🗯 Delete 🛛 🛃 E	dit 📘 🔚 Save
Section Section							
146 -							
Application Num	ber: 147						
Project T	ïtle:						
Program A							
Proposal Dead	line: 09/30	/2009					
Required Certificates/	Approvals				Mark as Com	plete   Go to Applic	ation Forms
Certificate Type:	Attached?	Approval Date:	Expiration Date:	Protocol Number:	Issuing Institution:	Other Certificate Type Description:	Attach Certificate:
Ethical Approval Certificates for Research Involving Humans	Attached						
						Last Edited By: John	Doe, 09/04/2009



Click on the **Add** icon at the top of the screen.

Menu   🧟 Help   🍟 Lo	og Out 🆙 B	ack   쵫 Print   🧼 Add   💥	Delete   룴 Edit   📙 Save
<b>W</b> Application			
146 -			
Application Number:	147		
Project Title:			
Program Area:			
Proposal Deadline:	09/30/2009		
Required Certificates/App	ovals		
Certificate Type:*	Ethical Approval Certificates fo	r Research Involving Humans 🔻	
Attached?*	Attached -		
Approval Date:			
Expiration Date:			
Protocol Number:			
Issuing Institution:			
Please provide further details if "Ot	her" is selected for the Certificate Ty	pe above.	
Other Certificate Type Description:			·
			Return to top to save

Use the drop down menu to indicate the first **Certificate Type.** 

Indicate for this certificate type, whether the certificate is Attached, Pending, or Not Required.

Click on the **Calendar** icon to choose the certificate's **Approval Date** and **Expiration Date**.

If attached, enter the certificate's **Protocol Number &**the name of the **Issuing Institution**.

If certificate type **Other**was selected, please provide a description of the certificate in the last text box and provide the name of the **Issuing Institution** in the textbox provided.

Click on the **Save** icon to save the information you have entered.



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Section Section							
146 -							
Application Num	ber: 147						
Project 1	ïtle:						
Program A	rea:						
Proposal Dead	line: 09/30/	/2009					
Required Certificates/	Approvals				Mark as Com	plete   Go to Applic	ation Forms
Certificate Type:	Attached?	Approval Date:	Expiration Date:	Protocol Number:	Issuing Institution:	Other Certificate Type Description:	Attach Certificate:
Ethical Approval Certificates for Research Involving Humans	Attached						
						Last Edited By: John	Doe, 09/04/2009

To attach certificates, click on the **Attach** icon at the far right hand side, under the **Attach Certificate** column.

Use the Browse and Attach buttons to browse and attach the certificate.

Repeat steps 2 to 8 and/or 9 to complete each of the remaining certificate types.

Click on the **Mark as Complete** link to return to the components menu once all certificate types have been completed.



# **Relation to a Larger Initiative**

Applicants must indicate if their project is related to a larger initiative(s).

## Click on the **Relation to a Larger Initiative** from the components list.

🕎 Menu   🧟 Help   📲 Log Out	🍫 Back   🔌 Print   🥐 Add   🔰	🕻 Delete   💰 Edit   📙 Save
W Application		
146 -		
Application Number: 147		
Project Title:		
Program Area:		
Proposal Deadline: 09/30/2009		
Relation to Larger Initiative	Mark as Comple	te   Go to Application Forms
Is this project part of a larger Initiative	? Description:	Attach Abstract:
Yes	Testing	
		Last Edited By: John Doe, 09/04/2009


Click on the **Add** icon at the top of the screen.

🅎 Menu   🧟 Help   📲 Lo	g Out 🔍	🕽 Back   🔌 Print   🥐 Add	渊 Delete   📝 Edit   📙 Save
<b>W</b> Application			
146 -			
Application Number:	147		
Project Title:			
Program Area:			
Proposal Deadline:	09/30/2009		
Relation to Larger Initiative			
Is this project part of a larger Initiative?*	©Yes ◉No		
Please describe relation to larger in	itiative.		
Description:			A
			<b>v</b>
			Return to top to save

Indicate with the "Yes" or "No" button, whether or not this project is part of one or more larger initiatives. If "No", click on the "No" button then click on the **Save** icon and go to step 7.

If "Yes" is chosen, describe relation to larger initiative in the **Description** text box. Click on the **Save** icon to save the information you have entered.



🛞 Menu   🧟 Help   📲 Log Out	🥱 Back   🔌 Print   🦨 Add	渊 Delete   💕 Edit   📙 Save
Application		
146 -		
Application Number: 147		
Project Title:		
Program Area:		
Proposal Deadline: 09/30/2009		
Relation to Larger Initiative	Mark as Cor	mplete   Go to Application Forms
Is this project part of a larger Initiat	tive? Description	n: Attach Abstract:
Yes	Testing	
		Last Edited By: John Doe, 09/04/2009

Click on the Attach icon on the far right hand side, under the Attach Abstract column,

Click the **Browse** and **Attach** buttons to browse and attach a **one-page scientific abstract** for each larger initiative to which this work is related.



## **Resubmission (Past Project Information)**

Applicants re-submitting proposals that were considered, but not funded in a prior funding Call for Proposals must clearly and directly respond to review panel feedback from the prior Call, in the space provided.

Click on **Resubmission** from the components list.

😚 Menu   🧟 Help   📲 Log Out	🥱 Back   쵫 Print   🧼 Add   渊 Delete   🧭 Edit   📙 Save
<b>W</b> Application	
146 -	
Application Number: 147	
Project Title:	
Program Area:	
Proposal Deadline: 09/30/	2009
Resubmission	
Is this a resubmission of a proposal previously reviewed by CBCF? If "Yes", please insert prior reviewer feedbac	s  No ck and your response. Please limit your response to 3500 characters.
	<b>•</b>
	Return to top to save

Indicate with the "Yes" or "No" button, whether or not this project is a resubmission of a previously reviewed proposal. If "No", click the "No" button, and proceed to Step 5.

If "Yes", click on the "Yes" button and use the text box to provide:

- Prior reviewer feedback
- Applicant's response to this feedback

Click on the **Save** icon to save the information you have entered.

Click on the Mark as Complete link to return to the components menu.



## Funding for Fellow Salary/Stipend/Income

In this component, applicants must provide information concerning funding they anticipate receiving, or have applied to receive, toward their personal salary/stipend during the fellowship period. This does NOT include funding for research or study-related costs such as tuition, travel, supplies, reagents, etc.

Click on **Funding for Fellow Salary/Stipend/Income** from the components list. **NOTE:** If no other sources of support are anticipated, please select the **Mark as Complete** link to indicate completion of this component and to return to the components menu.

If other sources of support are anticipated, click on the **Add** icon at the top of the screen.

Indicate the **Funding Source** in the first text box.

😚 Menu   🧟 Help   響 Lo	og Out 🌱 🌍 Back   🔌 Print   🥐 Add   渊 Delete   룴 Edit   闄 Save
Section	
146 - Fellowship Funding S	eptember 4
Application Number:	147
Project Title:	Testing
Program Area:	Ontario - Fellowship Funding
Proposal Deadline:	09/30/2009
Funding for Fellow Salary/S	itipend/Income
Funding Source:*	
Nature of Funding:*	Fellowship/Scholarship/Stipend -
Funding Status:*	Award/Secured -
Start Date:	
End Date:	
Amount:*	\$0
If offered both this funding and CBCF Fellowship, I plan to accept:*	CBCF Funding 👻
What % of your workweek would be used for this paid service/activity?	%
	Return to top to save

Use the drop down menu to choose the Nature of Funding.



Use the drop down menu to choose the Funding Status.

Click on the **Calendar** icon to choose the anticipated funding **Start Date** and **End Date**.

Indicate the funding **Amount**. Please indicate the **TOTAL ANNUAL** amount you anticipate receiving from this source.

Indicate which award you would choose, from the drop down menu, in the event that CBCF Fellowship funding is awarded.

If the source is a research project, please ensure that you have included it under the "Relation to a Larger Initiative" component and attach a one page scientific abstract for the project in the **Attachments** component.

If the source is a paid service/activity, indicate in the last text box, what percentage of your workweek would be used for this paid service/activity.

Click on the Save icon to save the information you have entered

Repeat numbers 3-11 for each type of funding awarded or applied for.



#### Funding for Fellowship Expenses (Non-Salary)

In this component, applicants must provide information concerning funding they anticipate receiving, or have applied to receive, toward research or study-related costs such as tuition, travel, supplies, reagents, etc. If the source of funding is from a Research Grant please attach a one-page scientific abstract for the grant and ensure that you have included it under the **Relation to a Larger Initiative** component.

Click on **Funding for Fellowship Expenses (non-salary)** from the components list. **NOTE:** If no other sources of support are anticipated, please select the **Mark as Complete** link to indicate that this component has been completed and to return to the components menu.

If other sources of support are anticipated, click on the **Add** icon at the top of the screen.

Indicate the **Funding Source**.

🗞 Menu   🧟 Help   📲 Lo	og Out 🌀 Back   🔌 Print   👘 Add   💢 Delete   🥳 Edit   🔚 Save
🐳 Application	
194 - September 10	
Application Number:	197
Project Title:	Fellowship Funding BC
Program Area:	British Columbia - Fellowship Funding
Proposal Deadline:	09/30/2009
Funding for Fellowship Exp	benses (non-Salary)
Funding Source:*	
Expenses Being Covered:*	Research project operating expenses 🔹
Funding Status:*	Award/Secured -
Start Date:	
End Date:	
Amount:*	\$0
Research Grant Title:	
	Return to top to save

Use the drop down menu to choose the type of Expenses Being Covered.



Use the drop down menu to indicate the Funding Status.

Click on the **Calendar** icon to choose the anticipated funding **Start Date** and **End Date** 

Indicate the funding **Amount**. Please indicate the **TOTAL ANNUAL** amount you anticipate receiving from this source.

If source of funding is from a Research Grant provide the **Title** of the Grant.

If the source is a research project, please Click on the **Save** icon to save the information you have entered.

If the source is from a research project grant please attach a one-page scientific abstract by clicking on the **Attach** icon at the far right hand side, under the **Abstracts** column. **Browse** and **Attach**the abstract.

Repeat numbers 2 to 11 for each additional funding source.

Click on the Mark as Complete link to return to the components menu.

## References

Three (3) confidential letters of reference **must** be provided. One letter of reference must be from your Fellowship supervisor(s), and two must be from other individuals.

Please indicate within this component the names and contact information for the two non-Supervisor referees.

Click on References from the components list.

Click on the **Add** icon at the top of the screen.



🛞 Menu   🧟 Help   '	🕌 Log Out	Sack   🤌	🕽 Print   🧼 Add   🗯 D	elete   🧭 Edit   闄 Save
Section Application				
146 -				
Application Nu	mber: 147			
Project	Title:			
Program	Area:			
Proposal Dea	dline: 09/30/2009			
Deferre				
References				
Name:*	Dr. 🔻			
Organization:*	Prefix: First Name:		Last Name:	
Street Address:*				
Address Line 2:				
City:*		Ontario	▼	
	City	Province/State	Postal Code/Zip Code	
Country:*	Canada	•		
Phone:*				
	Phone Ext			
Fax:*				
Email:*	Fax			
Relationship to Reference:*				
				Return to top to save

Complete **ALL** fields on this page, using the drop down menus where applicable.

Click on the **Save** icon to save the information you have entered.

Click on the Mark as Complete link to return to the Menu.



## **Fellowship Certification and Conflict of Interest**

Applicants are required to declare and describe any commercial interests/conflicts of interest related to the application. See Additional Information, below for further information on component.

Click on the Fellowship Certification and Conflict of Interest from the components list.

🅎 Menu   🤷 Help   📲 Log Out	🍫 🗞 🗞 Print   🥐 Add   🎉 Delete   🗭 Edit   🛃 Save
Section 4 Section	
146 - Fellowship Funding September 4	
Application Number: 147	
Project Title: Testing	
Program Area: Ontario - Fellowship	Funding
Proposal Deadline: 09/30/2009	
Certifications and Disclosure of Commercial Ir	nterests/Conflict of Interest
	defined in the Canadian Breast Cancer Foundation commercial interest/conflict of
interest policy. Response:   Yes  No	
Describe Conflict of Interest	
Conflict of Interest Description:	
If "Yes" above, please describe nature of commercial interes	st/conflict of interest below.
Certifications and Disclosure of Commercial Ir	terests/Conflict of Interest
that if funded, I will abide by the terms, conditions, and oblig further agree and certify that the statements contained in this	Cancer Foundation Application Guidebook for this program and hereby agree ations outlined therein, and the commitments described within this application. I application are true, complete and accurate to the best of my knowledge. I ontained in this application as described in the application guidebook for this
	t if my application does not meet the requirements, it will be truncated or rejected.
I accept? O Yes  No	
	Return to top to save



Indicate with the "Yes" or "No" button whether or not you have any **Conflicts of Interest** according to CBCF-BC/Yukon Region's definition. If "No", click the "No" button and proceed to Step 6. Please review the "Conflict of Interest" section in the Fellowship Program Guidelines & Criteria for a full discussion of CBCF-BC/Yukon Region's definition of conflict of interest.

If you have a Conflict of Interest, click the "Yes" button.

Explain the Conflict of Interest in the text box provided.

Click the "Yes" button at the bottom of the page, to confirm that you accept the terms and conditions of being funded. If you do not accept the terms and conditions, your application will not be processed.

Click on the Save icon to save the information you have entered.

Click on the **Mark as Complete** link to return to the components menu.

# **Primary Supervisor Certificate**

Click on the Primary Supervisor Certificate from the components list.

Click on the link **Primary Supervisor Certificate Template** to download the template.

🚸 Menu   🧟 Help   📲 Log Out	🌀 Back   쵫 Print   🥐 Add   渊 Delete   📝 Edit   闄 Save
W Application	
146 - Fellowship Funding September 4	
Application Number: 147	
Project Title: Testing	
Program Area: Ontario - Fellowship	Funding
Proposal Deadline: 09/30/2009	
Primary Supervisor Certificate	
<ol> <li>Please download the Primary Supervisor Certificate Templ</li> <li>Print and complete the template.</li> <li>Then attach the completed template below.</li> <li>See Guidebook for further Instructions.</li> </ol>	ate from below.
Click here to download the Primary Supervisor Certificate 1	emplate.
Attach Completed File:	
	Return to top to save

Print the Primary Supervisor Certificate Template. Have the supervisor(s) complete and sign the form.

Scan and save the completed and signed form on your computer.

Click on the Save icon to return to the Primary Supervisor Certificate page.

Canadian Breast Cancer Foundation	Q
BC • YUKON	тм

🕎 Menu   🧟 Help   📲 Log Out	🍫 🗛 🕹 🖓 Print   👘 Add   渊 Delete   🛃 Edit   🔚 Save
W Application	
146 - Fellowship Funding September 4	
Application Number: 147	
Project Title: Testing	
Program Area: Ontario - Fellowship	Funding
Proposal Deadline: 09/30/2009	
Primary Supervisor Certificate	Mark as Complete   Go to Application Forms
<ol> <li>Please download the Primary Supervisor Certificate Temple</li> <li>Print and complete the template.</li> <li>Then attach the completed template below.</li> <li>See Guidebook for further Instructions.</li> </ol>	ate from below.
Click here to download the Primary Supervisor Certificate T	emplate.
Attach Completed File:	
	Last Edited By: John Doe, 09/04/2009

Click on the **Attach Completed File:** icon, and use the **Browse and Attach** function to attach the completed **Primary Supervisor Certification** from your computer.



# **Secondary Supervisor Certificate**

**NOTE:** Where there is only one Fellowship supervisor, Click on the **Secondary Fellowship Supervisor Certificate** component, then click on the **Marked as Complete** link to indicate that this component has been completed and to return to the components menu.

To add a certificate for a secondary supervisor, click on **Secondary SupervisorCertificate** from the components list.

Follow steps 1 to 7(see instructions above) for Primary Supervisor Certificate component, to complete this component for the secondary supervisor certificate.

🕎 Menu   🧟 Help   🍟 Log Out	🌀 🗛 🕼 Print   🥐 Add   🛸 Delete   💕 Edit   🔚 Save
S Application	
146 - Fellowship Funding September 4	
Application Number: 147	
Project Title: Testing	
Program Area: Ontario - Fellowship	Funding
Proposal Deadline: 09/30/2009	
Secondary Supervisor Certificate	Mark as Complete   Go to Application Forms
<ol> <li>Please download the Secondary Supervisor Certificate Te</li> <li>Print and complete the template.</li> <li>Then attach the completed template below.</li> <li>See Guidebook for further Instructions.</li> </ol>	nplate from below.
Click here to download the Secondary Supervisor Certifica	te Template.
Attach Completed File:	
	Last Edited By: John Doe, 09/04/2009



# **Host Organization Certification**

Click on Host Organization Certification from the components list.

Note: This is a required component. Do not select Mark as Complete.

😙 Menu   🧸 Help   📲 Log Out	🥱 🗛 🕼 Print   🧼 Add   🗯 Delete   🛃 Edit   📙 Save
Section	
146 -	
Application Number: 147	
Project Title:	
Program Area:	
Proposal Deadline: 09/30/2009	
Host Organization Certification	Mark as Complete   Go to Application Forms
<ol> <li>Please download the Host Organization Signatures Templa 2) Print and complete the template.</li> <li>Then attach the completed template below. See Guidebook for further Instructions.</li> </ol>	te from below.
Click here to download the Host Organization Signatures Tel	nplate.
Attach Completed File:	
	Last Edited By: John Doe, 09/04/2009

Click the link Host Organization Signatures Template to download the template.



Print the **Host Organization Signatures Template.** Have the Department Head or Dean **and** Executive Authority complete and sign the form. Scan and save the completed and signed **Host Organization Signatures Template** on your computer.

Click on the Save icon to return to the Host Organization Certification page.

😙 Menu   🧟 Help   📲 Log Out	🌍 Back   쵫 Print   🧼 Add   渊 Delete   🛃 Edit   📙 Save			
Section				
146 -				
Application Number: 147				
Project Title:				
Program Area:				
Proposal Deadline: 09/30/2009				
Host Organization Certification	Mark as Complete   Go to Application Forms			
<ol> <li>Please download the Host Organization Signatures Template from below.</li> <li>Print and complete the template.</li> <li>Then attach the completed template below.</li> <li>See Guidebook for further Instructions.</li> <li>Click here to download the Host Organization Signatures Template.</li> </ol>				
Attach Completed File:				
	Last Edited By: John Doe, 09/04/2009			

Click on the **Attach Completed File:** icon, and use the **Browse and Attach** function to browse and attach the completed **Host Organization Signatures Template.** 



#### Attachments

This component is used to attach all other documents required as part of a Fellowship application.

Click on **Attachments** from the components list. **Note:** This is a required component. **Do not** select "Mark as Complete".

😚 Menu   🧟 Help   📲 Log Out	🗠 🌀 Back   🖄 Print   🥭 Add   ႈ Delete   🧭 Edit   📙 Save		
Application			
146 -			
Application Number: 147 Project Title: Program Area:			
Proposal Deadline: 09/30/2009			
Attachments Mark as Complete   Go to Application Form			
Description	File Name		
	Last Edited By:		

Click on the **Add** icon at the top of the screen.

	🏠 Menu   🧟 Help   📲 Log	g Out 🌀 Back   🖄 Print   🥐 Add   💢 Delete   🥳	Edit   <mark> </mark>
	<b>W</b> Application		
١	Attach File		
	Upload File:	Browse	
	Description:	A V	

In the **Upload File** field, use the **Browse** function to search for the document. Please see below for **File Naming Convention** 

In the **Description** text box provide a description of the file attachment. (This description is required to complete this component).

Click on the **Save** icon to save the information you have entered.

Repeat steps 3-5 for each additional attachment.

Click on the Mark as Complete link to return to the components menu.



#### Submitting your application for assessment

When you have completed all required application components and attachments, it is recommended that you review the application in detail to confirm that no information is missing, and no further edits are required.

The application can be reviewed, looking at each component individually or by clicking "Application Preview" from the Main Application menu. In Application Preview mode, you will be able to click on the links to all attachments to ensure that they are complete.

Please make sure that all components are "Marked as Complete". When you have finished reviewing your application, click the "Submit" button on the Main Application Menu. You will receive an error message if any component required fields are not complete. Enter any missing information and click the "Submit" button again to submit the application to CBCF for assessment.

You will receive an auto-generated system message that your application has been successfully submitted.

After submitting your application to CBCF all screens become locked. You will be able to view your application but will not be able to make any further changes.

The Foundation will assess your submitted application for eligibility and will advise you by the notification deadline in the Fellowship Application Guidebook.