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 CANADIENNE DU CANCER DU SEIN* |
| | Password:* | New to WebGrants? Register Here |
| | royourassword: | |

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 Mi | iddle Name | Last N | ame | |
| Department: | | | | | |
| Citizenship:* | | | | | |
| Gender: | Female - | | | | |
| Region: | Atlantic - | | | | |
| Address* | | | | | |
| | | | | | |
| * | | | | | |
| | City State/Province | • | | | |
| Country: | United States 🔹 | | | | |
| Phone* | Pos | tal Code/Zip | | | |
| Fay | Phone Ext. | | | | |
| Alt Phone: | | | | | |
| | Alt. Phone ExtMobile Phone | | | | |
| Email* | | | | | |
| Assistant: | | | | | |
| | Name | | Assistant Phone | Assistant Phone Ext.Assi | stant Email |

www.cbcf.org/bcyukon

Canadian Breast Cancer Foundation BC • YUKON



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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|---------------|---------------------------|-------------|-----------------|------------------|----------------------|--------------------|
| 🔒 My Pr | ofile | | | | | |
| My Profile | | | | | | |
| Name:* | Dr. 👻 John | | | Doe | | |
| | Salutation First Name | Middle Name | _ | Last Name | | |
| Department: | | | | | | |
| Citizenship:* | Canadian | | | | | |
| Email:* | ahoward@cherpa.ca | | | | | |
| Address:* | 14 Highland Drive | | | | | |
| City* | Brampton Ontario | • | L3H2N6 | 7 | | |
| | City State/Province | | Postal Code/Zip | | | |
| Country: | Canada 🗸 | | | | | |
| Phone:* | 416-896-5296 | | | | | |
| Fax: | Phone Ext. | | | | | |
| Alt Phone: | | | | | | |
| | Alt, Phone ExtMobile Phon | a | | | | |
| Credentials: | | - | | * | | |
| | | | | Ŧ | | |
| Assistant: | | | | | | |
| | Name | | Assistant Ph | one Assistant Ph | one Ext.Assistant Em | ail |
| Assistant: | Name | | Assistant Ph | one Assistant Ph | one Ext.Assistant Em | ail |

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 | Canadian | | | | | |
| Emai | I: ahoward@cher | pa.ca | | | | |
| Addres | | e | | | | |
| City | /* Brampton _{City} | Ontario State/Provi | ice | L3H2N6 Postal Code/Zip | p | |
| Country | /: Canada | | | | | |
| Phone | * 416-896-5296 Phone | | | | Ext. | |
| Fax | c | | | | | |
| Alt Phon | e: Alt. Phone Ext | | Mobile | Phone | | |
| Credential | 5: | | | | | |
| Assistar Please attach your current CV. | it: Name Assistant | Phone A | sistant Phone Ext. | Ass | istant Email | |
| Attach C | /: | | | | | |
| | | | | | Last Edited I | By: John [|
| Associated Organization | s | | | | | |
| Name | Ту | oe | Website | Phone | City | State |
| est Organization 2 | ut of State For-Profit Co | mnany | | 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.

| 1 | 🌮 Menu 🧏 Help 📲 Log Out 🌱 🦏 Back 🍓 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.

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| 2 | V Funding Opportunities | | | | | | | | |
| Curr | rent Funding Opportunities | | | | | | | | |
| This s applie Click | This screen contains a brief summary of this opportunity. The deadline displays the due date of the application. You will be unable to submit an application after this date. | | | | | | | | |
| 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.



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| 🕜 Funding | g Opportunities | | | | | | |
| Current Applications | | | | | | | |
| Any previously created applications, for this opportunity, appear below | | | | | | | |
| ID | | Application | Title | Status | | | |
| 196 | Community Grant BC | : | | Editing | | | |
| Opportunity | Details | | | Start a New Application | | | |
| 192-Septem | ber 10 | | | | | | |
| British Colu | mbia - Community Gr | ants | | | | | |
| Application I | Deadline: 09/30/2009 | | | | | | |
| | | | | | | | |
| Award Amount | Range: | Not Applicable | Program Officer: | Amber Howard | | | |
| Project Start Da | ate: | | Final: | x | | | |
| Award Annound | cement Date: | | Lindin | | | | |
| Description | | | | | | | |
| Description | | | | | | | |
| Attachments | 5 | | | | | | |
| Click on the File | Name to open attachment | | | | | | |
| Description | | 1 | File Name | | | | |
| Website Lin | ke | | | | | | |
| Click on the URI | to ao to website | | | | | | |
| URL | Description | 1 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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.



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| k | 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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| R | Funding Opportunities | | | | | | |
| Cur | rent Funding Opportunities | | | | | | |
| This appli Click | screen contains a brief summary of this op cation after this date. on the title to open the Funding Opportunit | portunity. The deadline displ y summary. | 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.



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| 🧭 Funding | g Opportunities | | | |
| Current App | lications | | | |
| Any previously cr | eated applications, for this | opportunity, appear belo | ow | |
| ID | | Application | Title | Status |
| 196 | Community Grant B | C | | Editing |
| Opportunity | Details | | | Start a New Application |
| 192-Septem | ber 10 | | | |
| British Colu | mbia - Community G | rants | | |
| Application | Deadline: 09/30/2009 | | | |
| | | | | |
| Award Amount | Range: | Not Applicable | Program Officer: | Amber Howard |
| Project Start D | ate: | | Phone: | x |
| Award Announ | cement Date: | | Email: | |
| Description Description | | | | |
| Attachment Click on the File | S Name to open attachmen | t | | |
| Description | | F | ile Name | |
| Website Lin Click on the UR | ks L to go to website | n | | |
| | | | | |
| | | | | |

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

| Canadian | |
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|--|-----------------------|---------------|----------------------------------|
| W Application | | | |
| General Information | | | |
| ID: | 104 | | |
| Principal Applicant:* | John Doe 🔻 | | |
| Project Title: (limited to 350 characters)* | | | * |
| | | | v |
| 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 | d |
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| W 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.

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|--------------------------------|---|
| W 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.



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| 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 | 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

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|------------------------------|--|
| Section 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.



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.

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| 🐳 Appli | cation | | | | | | | |
| 99 - Fellov | wship - Appl | icaiton 2 Aug | just 12 | | | | | |
| Ар | plication Nur | nber: 1 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.



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| 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. 🔻 | | |
| T 11 | Prefix: First Name: | | Last Name: |
| Title: | | | |
| Phone/Fax:* | | | |
| Email:* | Phone Ext. | Fax | т |
| Lindi. | | | |
| 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.



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| 99 - Fello | wship - Appl | icaiton 2 Aug | gust 12 | | | | | | |
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| | Program | Area: Ontari | o - Fellowshi | p Funding | | | | | |
| F | Proposal Dea | dline: 08/31/ | 2009 | | | | | | |
| Fellowski | n Cunamia | | | | Mark as (| | to I. Co to Ann | liantion Form | |
| renowshi | p Superviso | ors | | | Mark as C | ompre | ete Go to App | lication Form | 15 |
| First Name | : Last Name: | Phone/Fax: | Fax: | Email: | Organization: | City: | Province/State: | Supervisor C | 2V |
| J | Smith | 333-333-3333 | 444-444-4444 | jsmith@test.ca | University of Toronto | Toronto | Ontario | | |
| | | | | | | | Last Edited By: Jol | nn Doe, 09/04/20 | 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.



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| 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: | | × | | | | ×. |
| 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.

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|-------------------------------|--|
| 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.

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| 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 |
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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.

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|-------------------------------|--|
| Section | |
| 99 - | |
| Application Number: 145 | |
| Project Title: | |
| Program Area: | |
| Proposal Deadline: 08/31/2009 | |
| Project Objectives | Mark as Complete Go to Application Forms |
| Objective/Aim: | Description: |
| | Last Edited By: |

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| | |
| 99 - | |
| Application Number: 145 | |
| Project Title: | |
| Program Area: | |
| Proposal Deadline: 08/31/2009 | |
| | |
| Project Objectives | |
| Objective/Aim:* | |
| Description:* | A |
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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.



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|---|--|
| Application | |
| 99 - Fellowship - Applicaiton 2 August 12 | |
| Application Number: 145 | |
| Project Title: Fellowship - August | 28'09 |
| Program Area: Ontario - Fellowship | Funding |
| Proposal Deadline: 08/31/2009 | |
| Present Position & Dution | |
| Present Position & Duties | |
| Provide a summary in lay language, of your present position characters. | 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.



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 | components | list. |
|--------------|--------|------|-----|------------|-------|
|--------------|--------|------|-----|------------|-------|

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|------------------------|--|
| 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.



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. |
|----------|------|--------|------|-----|-----|---------|-------|
|----------|------|--------|------|-----|-----|---------|-------|

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| 💞 Appl | lication | | | | | | | |
| 99 - | | | | | | | | |
| Aj | pplication Number: | 145 | | | | | | |
| | Project Title: | | | | | | | |
| R. | Program Area: | | | | | | | |
| 1 | Proposal Deadline: | 08/31/2009 | | | | | | |
| CSCC Co | oding | | | | | | | |
| | CSCC Code 1:* | Fundamental Research (FF | ج) | • | | | | |
| | CSCC Code 2: | Fundamental Research (FF | २) | • | | | | |
| | CSCC Code 3: | Fundamental Research (FF | २) | • | | | | |
| | | | | | | | Return to | top 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.



Lay Language Summary of Project

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

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| Section | | |
| 99 - | | _ |
| Application Number: 145 | | |
| Project Title: | | |
| Program Area: | | |
| Proposal Deadline: 08/31/2009 | | |
| | | |
| Lay Language Summary of Project | | |
| Lay Summary | is this section to 1000 should be | |
| See Guidebook for Instructions. Prease limit your res | ponse in this section to 1200 characters. | |
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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.

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

□ Fellowship applicant

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- □ 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.

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|---|---|
| W Application | |
| 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.

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| 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.

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|----------------------------------|--|
| 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: |
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Click on the **Edit** icon at the top of the screen.

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| W Application | | | | |
| 182 - | | | | |
| Application Number: | 186 | | | |
| Project Title: | | | | |
| Program Area: | | | | |
| Proposal Deadline: | 09/30/2009 | | | |
| Knowledge Translation | | | | |
| Knowledge Translation Strategy:* | | | | |
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Describe the Knowledge Translation Strategy in the text box provided.



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

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

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| 182 - | | | | |
| Application Number: | 186 | | | |
| Project Title: | | | | |
| Program Area: | | | | |
| Proposal Deadline: | 09/30/2009 | | | |
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| Methods and Intended Aud | iences | | | |
| Method:* | Peer reviewed articles | | • | |
| Intended Audience:* | | | | • |
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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.

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| Section 4 | | | | | | | |
| 146 - | | | | | | | |
| Application Num | ber: 147 | | | | | | |
| Project T | ïtle: | | | | | | |
| Program A Proposal Dead | rea: 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.

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| W Application | | | |
| 146 - | | | |
| Application Number: | 147 | | |
| Project Title: | | | |
| Program Area: | | | |
| Proposal Deadline: | 09/30/2009 | | |
| | | | |
| Required Certificates/App | rovals | | |
| 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 |
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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.

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|---|------------------------------|--------------------------------------|
| 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.

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| W 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: | | | * |
| | | | |
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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.



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| 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.

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|---|---|----------------|
| W Application | | |
| 146 - | | |
| Application Number: 14 | 7 | |
| Project Title: | | |
| Program Area: | | |
| Proposal Deadline: 09/ | /30/2009 | |
| Desubmission | | |
| Is this a resubmission of a proposal previously reviewed by CBCF? | Yes No dback and your response. Please limit your response to 3500 characters. | |
| | - Return f | 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.

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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.

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|---|---|
| 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 | Stipend/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**.

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|----------------------------|---|
| 🐳 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 | enses (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.



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|--------------------------------|---------------------|----------------|----------------------|--------------------------|
| 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 | | | |
| Lindin | | | | |
| Relationship to Reference:* | | | | |
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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.

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| 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 |
| I have commercial interests/conflict of interest to declare as (| defined in the Canadian Breast Cancer Foundation commercial interest/conflict of |
| Response: Vac @ 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 |
| Certifications and Disclosure of Commercial Ir | |
| I hereby acknowledge that I have read the Canadian Breast that if funded, I will abide by the terms, conditions, and oblig further agree and certify that the statements contained in this consent to the collection, use and disclosure of information of program. | 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 |
| I have read the formatting requirements and understand that | t if my application does not meet the requirements, it will be truncated or rejected. |
| I accept? ⊚ Yes ⊛ No | |
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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.

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| Application Number: 147 | |
| Project Title: Testing | |
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| Proposal Deadline: 09/30/2009 | |
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| Primary Supervisor Certificate | |
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| 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.

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| Click here to download the Primary Supervisor Certificate T | emplate. |
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| | 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.

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Host Organization Certification

Click on Host Organization Certification from the components list.

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

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| 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.

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| Check here to download the most organization signatures rel | inprace. | | | |
| 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".

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| Proposal Deadline: 09/30/2009 | | | |
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Click on the **Add** icon at the top of the screen.

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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.

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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.