

Innovation Catalyst Grant 2026 Research Competition

NOTICE OF INTENT

When complete, please submit to charbonneau@ucalgary.ca.

Research Team

- **Principal Applicant**
 - Name: _____
 - Primary Affiliation: ☐ University of Calgary ☐ Cancer Care Alberta
☐ Other (please indicate) _____
 - I confirm that I am eligible to hold funding at this institution: ☐ (check)
 - Appointment/Position: _____
 - Work Address: _____
 - Attach a brief biosketch to the NOI; CIHR Biosketch or similar format is acceptable.

- **Co-Investigators**
 - Name: _____
Primary Affiliation: _____
 - Name: _____
Primary Affiliation: _____
 - Name: _____
Primary Affiliation: _____

- **Collaborators**
 - Name: _____
Primary Affiliation: _____
 - Name: _____
Primary Affiliation: _____
 - Name: _____
Primary Affiliation: _____

- **Other Team Members** (note: team members and collaborators may be added or removed in the full proposal)

- o Name: _____

- Primary Affiliation: _____

- o Name: _____

- Primary Affiliation: _____

- o Name: _____

- Primary Affiliation: _____

Proposal

- Title: _____

- Provide up to 6 keywords that best describe this proposal:

- o Keyword 1: _____

- o Keyword 2: _____

- o Keyword 3: _____

- o Keyword 4: _____

- o Keyword 5: _____

- o Keyword 6: _____

- o Attach a brief description of the proposal, including the objectives of the proposed research, the scientific approach, the expected impact, and how the proposed work will achieve the goals and expectations of the Innovation Catalyst Grant. The description should be one page max, using Times New Roman 12-point font and 1-inch margins.

- Should your proposed research change substantially from the time you submit your NOI to the time you submit your application, please contact charbonneau@ucalgary.ca.

Anticipated Operational Impacts

Please describe in 150 words or less any anticipated operational impacts of this project.

Operational impacts include the requirement of additional resources, such as the use of equipment or core facilities, the acquisition of biosamples, data, or other research inputs, and the use of clinics or clinical spaces or clinical staff. If your project will have any operational impacts, corresponding letters of support should be included with the full application.

Anticipated Requirements for Ethics, Animal Certificates, and/or Biosafety Certificates

- ☐ Human ethics certification is required
- ☐ Animal care certification is required
- ☐ Biosafety permit is required

Acknowledgement of Non-Overlap

I understand that the work proposed in my application cannot overlap with any existing grants or awards I hold. Funding from this opportunity may leverage existing grants by enabling new or additive work.

☐ Yes, I acknowledge that overlap with existing funds is not allowed.

Scientific Reviewers

Please provide the names, affiliations and email addresses of 3 potential external scientific reviewers for whom you do NOT have a conflict of interest, and who are from different institutions from one another and can provide an independent assessment of your application.

- Name: _____
Affiliation: _____
Email address: _____
- Name: _____
Affiliation: _____
Email address: _____
- Name: _____
Affiliation: _____
Email address: _____

Signature

Principal applicant signature

Date