

## RESEARCH GRANT APPLICATION INSTRUCTIONS AND FORMS

### General Instructions

**All application forms must be submitted on the forms provided by the Maccabi Institute for Health Services Research.**

The application form must be submitted in **4** complete signed hard copies and in a **digital format** either by email or on a diskette/disc. The proposal (both hard copies and electronic) must be submitted no later than the date specified in the letters sent to the principal investigator and the research authority.

**Incomplete and/or late applications will not be processed.**

The grant request includes the following sections:

- Section 1** General information
- Section 2** Abstract
- Section 3** Detailed description of the research plan
- Section 4** Time Table
- Section 5** Other projects supported by the Institute
- Section 6** Budget details and justification
- Section 7** Curriculum vitae and list of publications of researchers
- Section 8** Classification of research area and key words
- Section 9** Letters of agreement for cooperation and Helsinki Conference authorization, if needed

### Address

Maccabi Institute for Health Services Research  
Hamered 27  
Tel Aviv 68125  
4<sup>th</sup> floor, to the attention of Bracha Ehrman

Email: [mechkar@mac.org.il](mailto:mechkar@mac.org.il)

**Telephone: +972-3-795-2657, Fax: +972-3-795-2552**

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## Section 1

### General information

#### 1. Title of research (in English)

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#### Title of research (in Hebrew)

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#### 2. Information on **Principal Investigator\***

Academic degree**	Last name	First name	ID # ( 9 digits)			
Academic affiliation	University					
	Department or Faculty					
	Rank					
Current Employment	Position					
	Department					
	Name of Institution					
	Address of Institution					
	Web Site	http://				
	Tel. no. (office)		Fax no.			
	Tel no. (home)		Cellular phone no.			
	Email					
Board Certification (for MDs only)	Specialty/specialties					
Scientific Interest (Key words)						

\* The investigator who is responsible for the research and who will sign the grant contract.

\*\* Masters, PhD etc.

No. of research proposal

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**Information on Associate-Principal-Investigator\***

Academic degree**	Last name		First name		ID # ( 9 digits)									
Academic affiliation	University													
	Department or Faculty													
	Rank													
Current Employment	Position													
	Department													
	Name of Institution													
	Address of Institution													
	Web Site	http://												
	Tel. no. (office)					Fax no.								
	Tel no. (home)					Cellular phone no.								
	Email													
Board Certification (for MDs only)	Specialty/ specialties													
Scientific Interest (Key words)														
Relationship to P.I. <small>(supervisor, associate investigator, student, etc.)</small>														

\* No more than 2 Principal Investigators.

\*\* Student, Bachelor, Masters, PhD etc.

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### 3. Information on **Co-investigator No. \_\_\_\_\_** \*

Academic degree**	Last name	First name	ID # ( 9 digits)			
Academic affiliation	University					
	Department or Faculty					
	Rank					
Current Employment	Position					
	Department					
	Name of Institution					
	Address of Institution					
	Web Site	http://				
	Tel. no. (office)		Fax no.			
	Tel no. (home)		Cellular phone no.			
	Email					
Board Certification (for MDs only)	Specialty /specialties					
Relationship to P.I. (Supervisor, associate investigator, student, etc.)						
Scientific Interest (Key words)						

\* Up to 3 additional pages may be added if necessary.

\*\* Student, Bachelor, Masters, PhD etc.

**4. Main location where the research will be conducted**

**5. Additional institutes cooperating in the research**

**6. Name of the institute's financial authority** (or other body that will manage the financial aspects of the grant)

**7. Expected total duration of project (in months)**

**8. Total budget requested (NIS, including overhead)**

## 9. Approvals and Signatures

### A. To be signed by the Principal Investigator

#### 1. Bioethical Issues

- In my considered opinion and/or as the result of professional advice I received\*, that this proposal does not involve experiments on humans and it does not violate the right of privacy or the principle of medical confidentiality, or any other bioethical issue.

#### Alternatively:

- Attached are all the necessary approvals relating to human experimentation, human rights, medical confidentiality, right of privacy and any other bioethical issues (e.g. Helsinki Committee, release and consent documents, etc.)  
[If any of these approvals have not yet been received, please enclose a letter of explanation and an approximate date of submission]

#### 2. Cooperation with Third Parties

- I hereby declare that I am in no need of cooperation with others to conduct the proposed research and that all the means and necessary information are available for my use within the institute where the research will take place.

#### Alternatively:

- Enclosed please find letters of consent signed by the institutes official bodies with whom I will be cooperating in this research.

#### Signature of the Principal Investigator

#### Date

\* Please delete as relevant the unnecessary. Please refer also to the recent MOH instructions.

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**B. To be signed by the Institute Management**

This clause is to be signed by the Institute Director (or whoever has been authorized by him/her), or by the direct supervisor of the principal investigator (in universities, the signature of Head of the Research Authority is acceptable).

I hereby declare that the "principal Investigator" is authorized to submit this request and conduct the proposed research.

**Full Name or Stamp:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**C. To be signed by the Financial Authority handling the grant funds**

1. The below signed is legally authorized by the institute to sign the grant contract.
2. The proposed budget has been checked and been found to meet the research needs according to its outline.

**Full Name or Stamp:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## Section 2

### Abstract

**Title of research (in English)**

**Principal investigator (full name and affiliation)**

### Abstract

An abstract of about **300 words** should describe (1) Scientific background (2) Objectives (3) Working hypothesis (4) Methodology (5) Significance of the proposed research (e.g. novelty, uniqueness).

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## Section 3

### Detailed description of the research plan

This section should be structured according the following 9 sub-sections. Use the **bolded** titles of these sub-sections as they appear below as headings in your proposal.

1. **Scientific background:** Existing knowledge, literature survey
2. **Objectives:** include expected innovation and importance of the research
3. **Working Hypothesis**
4. **Comprehensive description of study design and methodology:**  
definition of dependent and independent variables; target population of study and/or data sources to be utilized; description of research tools, their validity and reliability; sampling method and statistical justification for sample size and structure; method of data collection and coding; details of method for statistical analysis of data and justification for its use; recognition of possible distortions and ways for minimizing their effect; pilot study design (if needed)
5. **Potential conclusions:** possible recommendation for decision makers and prospective implementation
6. **Resources available to the investigators:** personnel, infrastructure, equipment, special proficiencies etc.
7. **References** (related to paragraphs 1-6)
8. **Other relevant bibliography** (if not included in paragraph 7)
9. **Further information:** Specify if the proposed research is supported by other sources. Please note that the Maccabi Institute for Health Services Research reserves the right to review contracts with other sources if the proposal is part of a larger research plan.

### **IMPORTANT**

Items 1-6 above **are limited to 12 pages** (including figures and tables)

#### **Typing instructions:**

- Microsoft Word
- Font – Times New Roman, 12 pt.
- Spacing between lines – 1.5
- Page size – A4

## Section 4

### Time table according to work plan

(Please fill out the following table and the Gantt chart, example attached)

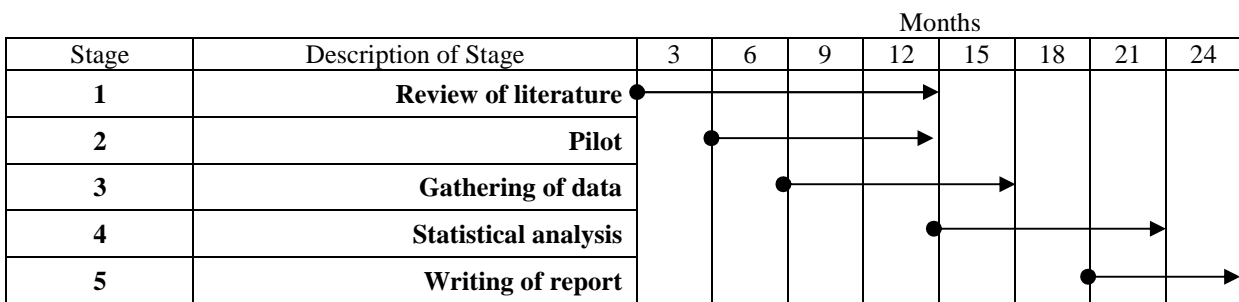
#### A. Time schedule

	Step-by-step work plan	Proposed dates		Where this stage is carried out
		Begin (mm/yy)	End (mm/yy)	
1				
2				
3				
4				
5				
6				
7				
8				

Please note – Any deviation from the work plan (such as change in the time table, size of sample or methodology) demands approval **in advance**.

**B. Explanatory notes**

**C. Example of a Gantt chart**



## Section 5

### **Other projects of any of the investigators which are supported by the Maccabi Institute for Health Services Research**

(Please specify research title and current status of project.)

## Section 6

### Requested budget

#### Instructions

- ❖ **Do not include:** 1) Expenses for investigators' salaries or any other personal experiences 2) Purchase of permanent equipment such as computers, software, recording machines etc.
- ❖ If the budget includes payment **for use of databases**, please provide their names and place of acquisition.
- ❖ If there are **other sources of financial aid**, please attach a letter from the other supporting institution, confirming and detailing the amount of aid.
  
- ❖ **Note:** The Maccabi Institute for Health Services Research is aware that during the course of the research project the need for budgetary changes in the existing budget may arise. However, **no retroactive changes will be approved**. Any request for change must be submitted beforehand, detailing the nature and the reasons for the change.

**1. Full title of the research proposal**

**2. Full name of principal investigator**

**3. Budget details**

**A. Personnel**

<b>Employment costs</b>									
<b>Employees</b>			<b>Salary Costs</b>			<b>Cost per input</b>			
	Role Description	Academic Degree	Monthly cost for full-time	% of FTE	Actual cost	Cost per unit *	Amount of units	Actual cost	Total
1									
2									
3									
4									
5									
6									
								<b>Total for subsection A</b>	

\*Hour, day

No. of research proposal

**B. Work to be done by third party contractors**

	Description of Work	Name of Contractor	Cost
1			
2			
3			
<b>Total for subsection B</b>			

**C. Other Expenses**

	Expense Description	Amount	Cost per Unit	Total
1				
2				
3				
4				
5				
6				
7				
<b>Total for subsection C</b>				

**D. Total for A+B+C**

**E. Overhead (up to 10%)**

**F. Total proposed budget (D+ E)**

#### 4. Budget justification (all items must be justified)

##### A. Personnel

	Position	Justification
1		
2		
3		
4		
5		
6		
7		
8		

##### B. Work to be done by contractors

1	Description of work	Justification
2		
3		

##### C. Other Expenses

	Expense description	Justification
1		
2		
3		
4		
5		
6		

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## 5. Financial support from other sources

If the subject of this proposal has received financial support by other sources, please note the name of the institution, the duration and the amount of financial support received. Any standing obligation to the supporting institution should be noted as well\*. All figures should be in New Israeli Shekels (NIS).

**A. Has this research proposal ever been submitted for financial support from other sources?**  Yes  No

**If yes, was the request approved?**  Yes  No

	The institution where the proposal was submitted	The requested/approved sum
<b>1</b>		
<b>2</b>		

\*Please enclose approval letters of the additional institutions regarding their consent to the submitting of this proposal.

**B. Please List all the research projects and their source of finance in which the principal investigators are currently participating**

Project Topic	Name of Supporting Institution	% of Time Dedicated to the Project	Date of Beginning the Project	Estimated Date of Completion

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## Section 7

### Curriculum vitae and list of publications of researchers

Please use this form only and copy it for each investigator

#### Investigator's Details

Last Name	First Name	Date of Birth	Place of Birth	ID #																				
				<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table>																				

#### Role in the present proposal:

Principal investigator / Co-principal investigator / Co-investigator

#### Academic Education

From...To...	Institute	School	Degree

#### Current academic Status

Date	Institute	Faculty	Rank

#### Employment Experience (*Please start from current position*)

From...To...	Institute	Department	Position

**List of Publications**

- A. Relevant to the research
- B. Other publications (from the last five years **only**)

## Section 8

### Classification of the research proposal and key words

#### 1. Please mark the appropriate research areas:

- Health policy research
- Health promotion and preventative medicine
- Improving treatment of patients who suffer from chronic illnesses
- Correct and efficient medical practice

#### 2. Key Words

The number of key words is unlimited. Please write English as well as in Hebrew

##### English

##### Hebrew

## **Section 9**

### **Attached Documents** (Please scan and add to the digital file)

#### **A. Documents in accordance with paragraph 10 of section 1**

1. Helsinki Committee authorization regarding experiments on humans or approval of an ethic committee if the research involves the right of privacy, medical confidentiality and other ethical issues. Please attach informed consent forms to the relevant proposals.
2. Letters of agreement from other bodies who are active or passive parties in the research. In order to prove all commitments for transfer of data and information, use of services, consultation or any activity that is included in the research plan which requires the cooperation of third parties.
3. Investigators who proclaim that the research does not demand such approvals as in clause number 1 will present an opinion to this effect, signed by the appropriate authority in which the research will take place (like a legal adviser, ethics committee etc.)

#### **B. Proforma Invoice in accordance to clause 2b. of the Requested budget (Section6)**

#### **C. Confirmation forms in accordance to clause 4 of the Requested budget (Section6)**