**Interdisciplinary Canadian Collaborative Myalgic Encephalomyelitis (ICanCME)**

**Research Network**

**Call for Proposals: 2021/22 New Frontier ME Discovery Grant Program**

**STRATEGIC THEME FORM**

Name of Nominated Principal Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(1) Please specify the strategic theme of the application.

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| --- | --- |
|   | **Select One Theme****(√)**  |
| *Theme 1: Etiology, disease mechanisms and discovery of actionable targets* |  |
| *Theme 2: Discovery of biomarkers for diagnosis and sub typing of patients* |  |
| *Theme 3: Clinical science and health services research* |  |

(2) The objectives of the **New Frontier ME Discovery Grants** are to promote the development of new interdisciplinary collaborative ME research teams, foster research excellence, and provide a stimulating environment for research training. Please provide a brief justification of the relevance of the application to the objectives of the ICanCME Research Network’s New Frontier ME Discovery Grant Program (maximum 200 words).

(3) Applicants are **required** to provide the name and contact information (including email address) of at least three potential **international** reviewers with experience and expertise to assess the quality and potential impact of the proposed research and research related activities. The proposed reviewers cannot have a personal relationship with the applicants or be a former supervisor, student, or colleague with whom the applicants have published or held a grant during the last 5 years.

Reviewer 1 – Name and Contact Information (email address is mandatory):

Reviewer 2 – Name and Contact Information (email address is mandatory):

Reviewer 3 – Name and Contact Information (email address is mandatory):

(4) Applicants **may** identify potential **international** reviewers that should be excluded due to real or potential conflict of interest:

Reviewer 1 – Name and Contact Information:

Reviewer 2 – Name and Contact Information:

Reviewer 3 – Name and Contact Information: