

Instructions

THIS IS A DEFAULT ENGLISH VERSION OF THE FORM which has not been fully validated. Please refer to the program rules and the French version of the form to make sure you provide the right information. To access the French version of the form, get back to the “My forms” tab and change the display language in the upper right corner of the screen.

Le formulaire de demande incluant tous les documents requis doit être transmis au plus tard le 13 March 2025 at 16:00.

Prendre connaissance des règles du programme ([page Web du programme](#)) et des Règles générales communes ([RGC](#)) afin de vérifier les conditions d'admissibilité et de remplir adéquatement le formulaire.

Consulter les [Normes de présentation des fichiers joints \(PDF\) aux formulaires FRQnet](#) disponibles dans la section Documents du portfolio électronique FRQnet pour prendre connaissance de toutes les instructions de présentation.

Dans toutes les sections du formulaire où un bouton « Sauvegarder » est présent, il est important de sauvegarder les informations de la page avant de cliquer sur le bouton « Valider la page ».

POUR
INFORMATION
SEULEMENT

Name:

File number: 374538

Applicant

IDENTIFICATION

The information below is from the **My profile** section (main menu). If you would like to make changes, please send an e-mail to: centre.assistance@frq.gouv.qc.ca. Include the e-mail address that is linked to your user account and the information you would like to change.

Last name

First name

MAILING ADDRESS

This information is displayed for consultation purposes only and comes from the **My Profile** page of the FRQnet Electronic Portfolio. If the information is missing or incorrect, you can change it on the **My Profile** page: select **Home address** for the **Address type** field.

Home address

MILIEU D'EMPLOI

*Employeur actuel (université québécoise
ou établissement affilié)
Unité de recherche, s'il y a lieu

Dernier diplôme obtenu

POUR
INFORMATION
SEULEMENT

Name:

File number: 374538

Pre-eligibility

I certify that I do not apply simultaneously to more than one FRQ's sector for the Research Professionals Excellence Awards.

I certify that I am not a faculty member (regular or externally-funded) of a university.

I certify that I am not a full-time student or postdoctoral fellow.

I certify that I have a minimum of 5 years of experience as a research professional in Québec.

I certify that I have never received the Research Professionals Excellence Award.

I certify that I work as a research professional for a minimum of 21 hours per week at a Québec university or research organization affiliated with a Québec university.

POUR
INFORMATION
SEULEMENT

Name:

File number: 374538

Title and research fields

Indiquer le titre de votre poste ou de votre fonction, puis indiquer dans quel domaine s'inscrit vos travaux de recherche ou votre champ d'activité.

ATTENTION : Pour que votre demande soit admissible, le Secteur 1 doit être Sciences de la santé (SNT).

***Titre du poste ou fonction**

Must be in French

Classification

A complete list of permitted values for the different drop-down lists used in the Fonds research classification system is available in the [Documents](#) section.

List, in order of priority, the research sector(s) to which your research activities belong.

***Sector 1.**

2.

3.

4.

Indicate the main field of research to which your application belongs.

***Field of research**

POUR
INFORMATION
SEULEMENT

Name:

File number: 374538

Other documents

Attach the supporting documents to your funding request. They will be added at the end of the form. **Only one file per type of document is allowed.** Make sure to use all the possible options to optimize the size of your documents (black / white, image size, Acrobat optimization options, etc.) furthermore, ensure that PDF documents are not protected and that they do not contain bookmarks.

Consult the [Presentation standards for files \(PDF\) attached to FRQnet forms](#) available in the **Documents** section of the FRQnet Electronic Portfolio to read all presentation instructions.

Consult the program rules to find out which documents are required according to your situation and what specific information to provide in each document. Any document not required will be withdrawn from the funding request for its evaluation by the scientific committee.

If the files attached to the form are in English, you can include an English title and summary.

File name	Type of document	Date	Taille (Ko)
-----------	------------------	------	-------------

POUR
INFORMATION
SEULEMENT

Name:

File number: 374538

Signature and submission

COMMITMENTS OF THE APPLICANT

I declare and warrant the following.

1. All the **information** contained in the application and all the information I shall subsequently provide related to this form or eventual funding (documents or further details required by the FRQ, reports, etc.) is and shall be **accurate and complete**. I shall notify without delay the FRQ of any changes to the information I entered.
2. The co-investigators who will contribute to the research project and the other project collaborators listed in my application, if applicable, have confirmed their commitment to the research project and **authorized me to provide their personal and confidential information**.
3. I own all rights to the content of this application and take full responsibility for it. Where applicable, these responsibilities are shared with my co-investigators.
4. I have read and agree to comply with the obligations set out in the **Common General Rules** of the Fonds de recherche du Québec (Fonds de recherche du Québec – Nature et technologies, Fonds de recherche du Québec – Santé, Fonds de recherche du Québec – Société et culture, hereinafter the “FRQ”) and the **FRQ's Open Access Dissemination Policy** (see the DOCUMENTS tab), as they are updated periodically, and meet the terms set out in the **Program rules** to which I am applying, as well as all other terms set out in the award or grant letter and at the time the payments are made.
5. I have read and shall comply with the standards of ethics and integrity of the FRQ including those set out in the set out in **Standards sur l'éthique de la recherche en santé humaine et l'intégrité scientifique** (see the DOCUMENTS tab) as it is periodically updated, and the ensuing obligations and subscribe to the best practices in my area of research.
6. I have read and shall comply with the provisions of the **Policy for the Responsible Conduct of Research** of the FRQ (see the DOCUMENTS tab), as it is periodically updated, as well as those set out in institutional policies with regard to the responsible conduct of research, as they apply to my research activities. In the event of a breach of responsible conduct of research allegation, I accept that the FRQ may exchange personal and confidential information concerning myself with the managing institution and the following organisations, if applicable, in Canada or abroad: their financial partners for the program to which the allegation relates; any institution concerned by the allegation; and any public research funding agency concerned by the allegation. This information may include: the allegation, the supporting documents, the review report, etc.
7. I am not currently ineligible to receive funding from a Canadian or international research funding agency as the result of a **substantiated case of breach**.
8. I shall advise the FRQ to which I am submitting the application should I become ineligible to apply for funding or receive funding from a Canadian or international research funding agency as the result of a **substantiated case of breach**. The continuation of any FRQ funding may then be considered by the FRQ Responsible Conduct of Research Committee.
9. I understand that **failure to comply with any of these commitments** may lead to the withdrawal of my application from the review process, or to the suspension, withdrawal, termination or even reimbursement of funding, or any other type of **administrative penalty** related to the privileges granted by the FRQ.

CONSENT REGARDING PERSONAL AND CONFIDENTIAL INFORMATION SUBMITTED AS PART OF THE APPLICATION PROCESS

The personal and confidential information collected by the Fonds de recherche du Québec - Santé (FRQS) in connection with funding applications and documents related to an award is necessary and essential to **process** and **evaluate** funding applications, from eligibility to the announcement of the award. In addition, some of this information will be used to **manage** grants. The collection of this information is **mandatory** for the applicant to submit an application and, if applicable, obtain funding.

The information collected is treated in accordance with the Act respecting access to documents held by public bodies and the protection of personal information (CQLR, c. A-2.1) (hereinafter: the Access Act) as well as with **Statement regarding the protection of personal and confidential information**, see the DOCUMENTS tab, hereinafter the “Statement”).

Name:

File number: 374538

- ***I have read the Statement*** and I consent to the collection, use and disclosure of all personal and scientific information contained in my file in accordance with the terms and conditions set out in the Statement and in the Access Act, provided that persons having access to personal information agree to respect the confidentiality of such information.

Identification

I accept: Yes
 No

Instructions

Step 1: Please validate the submission of your electronic form to make sure all sections needed are filled.

Step 2: Submit your electronic form at the FRQS, before the deadline.

IMPORTANT NOTICE: This is a final submission. No modification can be made after the submission.