

**DEPARTMENT OF PSYCHIATRY's Communications Bulletin – February 19, 2009**

Today's issue includes the following items:

1. **Health Canada – Call for Nominations for Health Canada's Scientific Advisory Committee on Cardiovascular Therapies (SAC – CvT) – deadline: FEB 23 (attachment)**
2. **UBC Alumni Affairs – Call for Nominations – 2009 Alumni Achievement Awards – deadline: MAR 15**
3. **Human Frontiers Science Program (HFSP) – Call for LOIs for Interdisciplinary Research Grants – deadline: MAR 31 (attachment)**
4. **Genome BC – Genomics Forum & Research Exchange 2009 – deadline: APR 03**
5. **Canadian Breast Cancer Research Alliance (CBCRA) – New Competition on Psychosocial aspects of breast cancer – deadline: APR 09 (attachment)**
6. **BC Biolibrary – 2<sup>nd</sup> Annual BC Biolibrary Workshop – 'Patients as Partners in Personalized Medicine' – deadline: APR 17 (attachment)**
7. **NSERC – Notification – 2 target area descriptions on website have been revised – deadline: FEB 23**
8. **Deadline for submission to the UBC Equity Enhancement Fund - Vancouver Campus – (attachment)**
9. **Message for those submitting NIH Grant Applications - Problems with Electronic Submission**
10. **BC Lung Health Forum – MAR 26 & 27, 2009 (attachment)**

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**1. HEALTH CANADA – THERAPEUTIC PRODUCTS DIRECTORATE (see attached)**

**Call for Nominations for Health Canada's Scientific Advisory Committee on Cardiovascular Therapies (SAC-CvT)**

**Deadline: February 23, 2009**

Health Canada is seeking nominations for members who are interested in participating in the Scientific Advisory Committee on Cardiovascular Therapies (SAC-CvT). The SAC-CvT will provide timely scientific, technical and medical advice on the evaluation of safety and efficacy of drugs used for the treatment of cardiovascular disease, ailments and disorders as well as related policy issues. The Committee will also advise on post-marketing issues related to drugs used in this therapeutic area. The Committee's draft Terms of Reference are attached for your consideration.

We are specifically looking for expertise in the various clinical specialties treating cardiovascular disease as well as in the areas of basic and applied pharmaceutical/biological sciences and technologies, biostatistics/epidemiology, medical biochemistry, pharmacology, pharmacy, toxicology and patient interest groups. Individuals whose specialties cross over into cardiovascular medicine would be of great value to the Committee.

Please provide by February 23, 2008, the names, telephone numbers and curriculum vitae of nominees who satisfy the selection criteria outlined above to:

Jackie Lane Moore  
Office of Science, Bureau of Policy, Science and International Programs  
Therapeutic Products Directorate  
Health Canada  
1600 Scott Street, Ottawa, ON, K1A 1B6  
Address Locator 3102C3  
Tel: (613) 952-3625  
Fax: (613) 941-5035  
Email: [jackie\\_lane\\_moore@hc-sc.gc.ca](mailto:jackie_lane_moore@hc-sc.gc.ca)

Treasury Board Volunteer Policy: <http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?evttoo=X&section=text&id=12585>

Links to the Health Products and Food Branch Guidance on Advisory Bodies:  
[http://www.hc-sc.gc.ca/ahc-asc/alt\\_formats/hpfb-dgpsa/pdf/hpfb-dgpsa/advisory-consultatif-eng.pdf](http://www.hc-sc.gc.ca/ahc-asc/alt_formats/hpfb-dgpsa/pdf/hpfb-dgpsa/advisory-consultatif-eng.pdf)

Draft Terms of Reference for SAC-CvT attached.

[Back to Top](#)

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## 2. UBC ALUMNI AFFAIRS

## Call for Nominations – 2009 Alumni Achievement Awards

**Deadline: March 15, 2009**

Every year, UBC Alumni Affairs honors men and women from the UBC community who have made a difference in our world. The 2009 UBC Alumni Achievement Awards, to be held in November, will continue this tradition. Some benefits to nominating a candidate include celebrating alumni, recognizing your volunteers, students and faculty, building awareness of your department and celebrating accomplishments.

The nomination form can be found here:

<http://www.alumni.ubc.ca/events/awards/nomination.php>

The nomination criteria can be found here:

<http://www.alumni.ubc.ca/events/awards/criteria.php>

Alumni Affairs Website: [www.alumni.ubc.ca](http://www.alumni.ubc.ca)

[Back to Top](#)

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### 3. HUMAN FRONTIER SCIENCE PROGRAM (HFSP) (see attached)

#### Opportunities for Interdisciplinary Research

**LOI Deadline: March 31, 2009**

As in previous years, NSERC is actively promoting increased participation of Canadian NSE researchers in HFSP programs to ensure a return on the HFSP membership investments of NSERC and CIHR.

The Human Frontier Science Program (HFSP) supports **international** collaborations in basic research with emphasis placed on **novel, innovative** and **interdisciplinary** approaches to fundamental investigations in the life sciences, **focused on the complex mechanisms of living organisms**.

In the past few years, the HFSP programs have broadened to the Natural Sciences and Engineering fields, with a clear emphasis placed on novel collaborations that bring biologists together with scientists from fields such as physics, mathematics, chemistry, computer science and engineering to focus on problems at the frontier of the life sciences. HFSP is focusing on interdisciplinary research and wishes to involve scientists from outside the life sciences in research collaborations. The principal applicant must be located in one of the member countries\* but co-investigators may be from any other countries. Clear preference is given to intercontinental teams.

\*HFSP Members are: Australia, New Zealand, the Republic of Korea, India, Japan, Switzerland, Norway, the United States, the European Union and Canada (NSERC and CIHR).

We encourage you to read and respond to the call for letters of intent for research grants (see attached document). There are two types of Grant: **Young Investigator's Grants** and **Program Grants**. **The deadline for letters of intent to apply for a Research Grant for the 2010 award year is March 31<sup>st</sup>, 2009.**

For further information, please visit: [http://www.hfsp.org/how/appl\\_forms\\_RG.php](http://www.hfsp.org/how/appl_forms_RG.php)

[Back to Top](#)

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#### 4. GENOME BRITISH COLUMBIA

##### Genomics Forum & Research Exchange 2009

**Date:** **Friday, April 3, 2009**  
**Time:** TBA  
**Location:** Frederic Wood Theatre, UBC Campus,  
Vancouver, BC

Please save April 3, 2009 on your calendar for the annual Genomics Forum and Research Exchange.

More information on the event and poster competition will be announced soon.

This event is open to anyone interested in genomics and genomics related research topics across all disciplines.

Project associates from all Genome BC research competitions are encouraged to attend. Project leaders are asked to forward this notice to all members of their teams including staff, technicians, graduate students, post docs, administrators, etc.

Website: [http://www.genomebc.ca/whatnew\\_press/upcoming\\_events/default.htm](http://www.genomebc.ca/whatnew_press/upcoming_events/default.htm)

Email: [info@genomebc.ca](mailto:info@genomebc.ca).

[Back to Top](#)

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#### 5. CANADIAN BREAST CANCER RESEARCH ALLIANCE (CBCRA) (see attached)

## **New Competition on Psychosocial Aspects of Breast Cancer**

**LOI Deadline:            April 9, 2009**

CBCRA is pleased to announce the launch of a new grant competition, the Canadian Breast Cancer Research Alliance/Canadian Breast Cancer Foundation Special Research Competition on Psychosocial Aspects of Breast Cancer. This initiative has received major funding support from the Canadian Breast Cancer Foundation.

Psychosocial oncology is defined as any aspect of cancer care concerned with the understanding and treatment of social, psychological, emotional, spiritual, and functional aspects of cancer, at all stages of the disease trajectory from prevention to bereavement.

A detailed Request for Applications is attached, outlining the research areas eligible for funding. Also attached is the announcement itself, which we encourage you to use in any way you see fit.

Key dates:

Deadline for Letters of Intent (LOIs): April 9, 2009 Notification of successful LOIs: May 15, 2009 Grants awarded: November 1, 2009

For more details see attached and/or visit

<http://www.breast.cancer.ca/WebNET.aspx?u=WebNETGuest&p=user&v1=guest&a=2#0,3,13,28,39>

**[Back to Top](#)**

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### **6. BC BIOLIBRARY (see attached)**

#### **2<sup>nd</sup> Annual BC Biolibrary Workshop**

“Patients as Partners in Personalized Medicine”

**Date:**                    **Friday, April 17, 2009**

**Time:**                    7:45 am – 4:00 pm

**Location:**            Century Plaza Hotel  
1015 Burrard Street  
Vancouver, BC

**RSVP:** Sara Giesz ([bcbiolibrary@mrl.ubc.ca](mailto:bcbiolibrary@mrl.ubc.ca))

This workshop seeks to catalyze translational research within Canada by engaging stakeholders from all relevant disciplines and backgrounds on issues surrounding biobanking at a provincial and national scale. Discussion will be initiated on topics such as the role of biospecimens in research, ethics, privacy, public confidence, and patient advocacy and will address aspects crucial for translational research in Canada to continue to advance healthcare.

Website: <http://www.bcbiolibrary.icapture.ubc.ca/british-columbians/upcoming-events.html>

[Back to Top](#)

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## 7. NSERC

### **Notification - 2 target area descriptions on website have been revised**

Due to a technical issue with NSERC's web server, the Strategic Projects Grant's program literature was updated on our website prior to the release of the new target area descriptions for the program. NSERC is very concerned that potential applicants may be preparing an application using the old target area descriptions.

**The two target areas that have been revised are: (1) Competitive Manufacturing and (2) Quality Foods and Novel Bioproducts. The new target area descriptions can be found at the following link:**

[http://www.nserc-crsng.gc.ca/Professors-Professeurs/RPP-PP/SPGTargetAreas-SPSDomainesCibles\\_eng.asp](http://www.nserc-crsng.gc.ca/Professors-Professeurs/RPP-PP/SPGTargetAreas-SPSDomainesCibles_eng.asp)

The target area descriptions for two of the target areas on NSERC's website were inaccurate between February 3, 2009 and February 6, 2009.

Please note that the Competitive Manufacturing target area may be applicable across numerous university departments such as Engineering, Chemistry, Biology, etc.

[Back to Top](#)

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## **8. DEADLINE FOR SUBMISSION TO THE UBC EQUITY ENHANCEMENT FUND - VANCOUVER CAMPUS (see attached)**

*The following announcement from Tom Patch, Associate Vice President Equity, is sent as a reminder of the March 15 deadline for submissions to the Equity Enhancement Fund, Vancouver Campus.*

Dear Colleagues,

The Equity Enhancement Fund was established to provide funding for new initiatives designed to enhance equity at UBC. The initiatives may be for the benefit of students, faculty or staff. There are separate funds for the Vancouver and Okanagan campuses. **This announcement relates to the Vancouver fund.**

The Vancouver funds are allocated by the Associate Vice President, Equity in consultation with the President's Advisory Committee on Equity, Discrimination and Harassment. In previous years, funding was limited to \$5,000 per proposal. For this call, however, **proposals applying for funding of up to \$40,000 will be considered.** The Committee may approve one proposal of up to \$40,000 or several smaller proposals totaling \$40,000. The funding is available to any academic or administrative unit with the endorsement of the head of unit.

The Guidelines for the fund and an Application Guide are attached. If you have any questions about this fund or would like to submit a proposal, please email me at [tom.patch@ubc.ca](mailto:tom.patch@ubc.ca).

Please circulate this notice widely. Thank you.

Tom W. Patch, LL.M.  
Associate Vice President, Equity  
University of British

[Back to Top](#)

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## 9. MESSAGE FOR THOSE SUBMITTING NIH GRANT APPLICATIONS

### **Problems with Electronic Submission**

NIH applicants continue to struggle to get their grant applications in to Grants.gov. NIH expects this to only get worse with the **February 5 R01 deadline**. NIH is working very closely with Grants.gov (and OMB other agencies) to improve their system performance as quickly as possible, but NIH expects applicants to continue to have a hard time this week.

NIH issued a guide notice that extended the error-correction window to 5 days and reiterated what to do if applicants encounter system problems. See <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-09-045.html>.

NIH also added a red button to the electronic Submission of grant application Web site that leads to a new page [http://era.nih.gov/ElectronicReceipt/app\\_help.htm](http://era.nih.gov/ElectronicReceipt/app_help.htm) that makes it clear that once an applicant has appropriately documented their problems with Grants.gov with the help desks their application is considered on-time and they have the 5 day error

correction window to complete the submission process. (see Web page for details)

NIH has also been communicating through the eSubmission/Commons listserv. See [http://era.nih.gov/news\\_and\\_events/index.cfm](http://era.nih.gov/news_and_events/index.cfm).

NIH has put a newsflash on the OER website *Having Trouble with Your Electronic Application Submission?* <<http://grants1.nih.gov/grants/news.htm#20090130a>>

[Back to Top](#)

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## **10. BC LUNG HEALTH FORUM (see attached)**

**Date:**           **March 26-27, 2009**

Please see the attachment regarding the upcoming “BC Lung Health Forum”.

[Back to Top](#)

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# **Scientific Advisory Committee on Cardiovascular Therapies (SAC-CvT)**

## **Draft Terms of Reference**

The Scientific Advisory Committee on Cardiovascular Therapies (SAC-CvT) provides advice to the management and scientists of Health Canada. The SAC-CvT will be consulted primarily in areas related to the evaluation of safety and efficacy of cardiovascular drug products. Advice may be sought during the assessment of a drug product leading to a decision to grant market authorization. Advice may also be sought as a result of the surveillance of an on-market drug product. Seeking the advice of the scientific and medical community and patient and public representatives in regulatory decision-making is expected to enhance the drug assessment process, provide the opportunity for proactive guidance development, and enhance transparency. The Committee provides advice and recommendations on issues brought before it, but the responsibility for regulatory decisions remains with Health Canada.

### **1. MANDATE**

To provide on-going and timely scientific, medical and clinical advice on current and emerging issues related to the work of Health Canada pertaining to cardiovascular therapy drugs.

The Committee fulfills its mandate by advising on specific questions raised by HC. Issues for committee consideration could include:

- the development of clinical and non-clinical guidances to facilitate safety and efficacy assessment of new cardiovascular therapy drugs;
- the development of “standards of evidence” for risk and benefit decision-making and risk communication for cardiovascular therapy drugs.
- identifying new trends or technologies associated with cardiovascular treatments;
- issues arising directly from the sponsor’s drug submissions at different stages of the review process;
- issues arising from post-market surveillance activities;
- labelling, product monographs, package inserts and warnings;
- issues arising from Clinical Trial Applications, New Drug Submissions, Abbreviated New Drug Submissions, Supplements and Notifiable Changes;
- advice during emergency situations;
- related issues such as: the evaluation and/or use of surrogate markers; the adequacy of information and treatment guidelines; biological response modifiers (e.g. pharmacogenetics) and potential therapeutic agents; clinical trials in Canada; priority reviews; information requirements for Notice of Compliance with Conditions; and drug resistance.

The Committee explores options and provides recommendations for resolution of the issue(s).

## **2. REPORTING STRUCTURE**

The Committee reports to the Director General (DG), Therapeutic Products Directorate (TPD), who acts as the Executive Secretary to the Committee.

## **3. MEMBERSHIP/PARTICIPATION/QUALIFICATIONS**

- a) Types of Members – The Committee has two types of members, core and *ad hoc* members, selected for their expertise and knowledge. Core members are permanent members for the duration of their terms. *Ad hoc* members are invited to serve for a specific topic or group of topics for a defined term.
- b) Selection of Members – The Executive Secretary selects and appoints a Chair and an Associate Chair from among the existing core members or nominees. In the absence of the Chair, or in any other circumstance where the Chair cannot effectively perform his/her duties, the Associate Chair will lead the Committee.

Core and *ad hoc* members are selected by the Executive Secretary in consultation with the Chair. Potential core and *ad hoc* members are identified through open-call nominations and in consultation with a broad array of sources (for example: health professional and scientific societies; academia; government agencies; patient advocacy).

The membership of the Committee as a whole will reflect an appropriate blend of gender and regional representation, covering various areas of expertise and knowledge for children, youth and adults, such as:

- basic and applied pharmaceutical/biological sciences and technologies
- biostatistics/epidemiology
- cardiology
- haematology
- internal medicine
- medical biochemistry
- patient interest groups
- pharmacology
- pharmacy
- radiology
- toxicology

Since core and *ad hoc* members are appointed as individuals on the basis of their individual expertise, they will not represent their firms, organizations or affiliations directly. They serve on the Committee as knowledgeable individuals in their own right and in the best interests of all Canadians, aiming to promote optimal therapy through

their advice, while recognizing the roles and responsibilities of patients and health professionals in achieving this goal.

Health Canada staff may not serve as members of the Committee. The TPD staff provides Secretariat support, responds to questions and provides information at the call of the Chair.

At the discretion of the Executive Secretary and in consultation with the Chair, interested parties or concerned members of the public may be invited to make representations to the Committee in writing or in person, or may be granted observer status.

#### **4. PROPOSED TENURE/ LIFE CYCLE**

**a) Term** – The Chair is normally appointed for a two-year term. A single extension to the individual’s term of office may be considered.

Core members are normally appointed for a minimum of term of two years. They may be reappointed for further two or four year terms, to a maximum of eight years.

*Ad hoc* members are appointed for specific meetings or for specific subjects in which they have expertise, for a term up to three years. They may be reappointed for a further term to a maximum of two consecutive terms.

The Executive Secretary will endeavour to ensure that appointments of core and *ad hoc* members are scheduled to allow for continuity and systematic rotation of membership.

**b) Forfeiture of Membership** – Core members who are absent from three consecutive meetings of the Committee will forfeit membership in the Committee. *Ad hoc* members who do not attend in response to two consecutive invitations will forfeit membership in the Committee.

**c) Withdrawal from Committee** – An individual may withdraw from membership on the Committee at any time upon written notification to the Executive Secretary. Membership may be terminated at any time upon written notification from the Executive Secretary.

#### **5. SECURITY CLEARANCE, CONDUCT AND CONFIDENTIALITY**

All Committee members are required to undergo a security clearance to the level of “reliability status”. Sometimes, but not often, this may entail the taking of members’ fingerprints should the RCMP require them. Security clearance is valid for 10 years.

Committee members are expected to conduct themselves in an appropriate manner, *i.e.* the use of their positions cannot be reasonably construed to be for the private gain, or that of any other persons or organization.

Documents leaving Health Canada, including electronic and word processing records must be securely stored at all times and must be returned to Health Canada or permanently deleted on request.

All members are expected to protect and maintain as confidential any trade secret or privileged information divulged during the work of the Committee. Members must not discuss this information with persons not on the Committee, or divulge information obtained from the work of the Committee, including presentations made to it, until such time as this information has been officially released for public distribution.

Discussion of Committee work with the media or at conferences should only be done when authorization is given by the DG-TPD in consultation with the Chair.

## **6. CONFLICT OF INTEREST**

Guidance on conflict of interest is provided to potential members when discussing the appointment. Before appointment, all potential Committee members are required to complete and submit an *Affiliations and Interests Declaration Form for Advisory Body Members* to disclose to Health Canada any circumstance that may place, or be seen to place the member in a real, apparent or potential conflict of interest. In keeping with the Privacy Act, this completed *Affiliations and Interests Declaration Form for Advisory Body Members* is confidential. Once appointed, a summary of this information prepared and is approved by the member before it is posted to Health Canada's Web site.

It is incumbent upon the member to update his/her disclosure should his/her personal situation change, or where the matters before the Committee may affect the conflict of interest situation of a member.

Prior to each meeting, the Committee Coordinator shall lead a review of each member's *Affiliation and Interests Declaration* relative to the subject(s) at hand. The level of participation of a member in conflict is determined by the Chair in consultation with the other members of the Committee.

## **7. INDEMNIFICATION AND LEGAL ASSISTANCE**

Members are volunteers and are covered under Treasury Board's "Volunteer Policy" and are thus eligible for indemnification and legal assistance. Members are only protected when the advice given lies within the mandate of the Committee.

## **8. COMPENSATION**

Members are compensated for travel expenses according to federal government policy.

## **9. MANAGEMENT AND ADMINISTRATION**

The specific questions and issues for Committee discussion are determined by the Executive Secretary in conjunction with the Chair with input from Health Canada staff, Committee members and stakeholders. The agenda is developed by the Executive Secretary of the Committee in collaboration with the Chair.

Invitations to attend a meeting are sent out by the Secretariat of the Committee. Members receive the agenda, briefing materials and other documentation in advance of meetings. When issues are of a general nature, the agenda will be posted on Health Canada's website along with the record of proceedings once approved by the Chair. Issues discussed on a particular submission are confidential and the record of proceedings will become part of the Central Registry file. If the Chair and Executive Secretary believe that the Committee would benefit from broader stakeholder input, a portion of the meeting could become public.

At the discretion of the Chair and with the approval of the Executive Secretary, specific stakeholders may be invited to make representations to the Committee in writing or in person. The Chair may grant observer status, for all or part of the Committee deliberations, to selected individuals including Health Canada staff who would benefit from the deliberations of the Committee.

The SAC-CvT is supported by a Working Group (WG) composed of individuals from selected bureaux of Health Canada. The WG functions to identify and prioritize potential issues for review, reviews the issues and develops possible approaches to their resolution, identifies resources available within Health Canada, and prepares information that would be useful to the Committee, ensures that the Committee receives a fair and balanced information package and presents current policy interpretations and operational processes of the Committee.

Meetings are held at the call of the Executive Secretary in collaboration with the Chair, and are held in the National Capital Region, or by video-conference or teleconference if the need arises. The member should make every effort to ensure that a secure line is used for teleconferences and that no person not approved by the Chair can listen to the proceedings. There will usually be two scheduled meetings each year, with additional meetings if necessary.

A quorum shall consist of at least one half of the number of existing core members, one of which must be the Chair or Associate Chair.

Discussion during meetings shall be open, frank and free-flowing. All members of the Committee will have equal status during discussion. In cases where the information to be discussed is confidential, discussions will be "*in camera*". Committee members are expected to demonstrate fairness and a commitment to in-depth examination of matters under review. Topics that do not fit within the mandate of the Committee will not be discussed. They should be referred to Health Canada, or the Committee should request a change in its mandate.

Committee members review the information provided by the Secretariat and provide advice on the specific questions brought before them by Health Canada. Members might be asked to identify issues, conduct research, or to seek counsel from others as required, with due regard for the confidentiality of the information and budgetary constraints. From time to time, members may be asked to comment on written drafts pertaining to the subjects within the mandate of the Committee.

Advice from the Committee is in the form of recommendations to the DG of TPD, and they are reached by consensus. Lack of consensus may indicate uncertainty of information. The reasons for lack of consensus, if any, must be clearly identified and substantiated. In such cases, the Committee shall make a recommendation with respect to further study of the issue and a proposal for resolution. In cases where there is a real divergence of opinion, the different opinions will be documented, and the number of members supporting each opinion recorded.

Records of Proceedings of the meeting are prepared after the meeting by the Secretariat and will be approved by the Chair in consultation with the core and *ad hoc* members present for the meeting. Records of Proceedings are kept to the minimum detail required to summarize effectively the proceedings and to accurately reflect the decisions taken. There is no attribution. There is no other record of meetings. The Secretariat is responsible for the distribution of the records of proceedings. They are made available to stakeholders at the discretion of the Executive Secretary and are subject to Access to Information and Privacy legislation.

The TPD reviews the Committee every two years to ensure that the Committee continues to meet Health Canada's on-going needs. The Directorate retains the prerogative to disband the Committee following such review.

Therapeutic Products Directorate  
Holland Cross, Tower "B"  
6<sup>th</sup> Floor, 1600 Scott Street  
Address Locator 3106B  
Ottawa, ON  
K1A 0K9

## NOTICE

### **Nomination call for members – Scientific Advisory Committee on Cardiovascular Therapies**

Health Canada is seeking nominations for members who are interested in participating in the Scientific Advisory Committee on Cardiovascular Therapies (SAC-CvT). The SAC-CvT will provide timely scientific, technical and medical advice on the evaluation of safety and efficacy of drugs used for the treatment of cardiovascular disease, ailments and disorders as well as related policy issues. The Committee will also advise on post-marketing issues related to drugs used in this therapeutic area. The Committee's draft Terms of Reference are attached for your consideration.

We are specifically looking for expertise in the various clinical specialties treating cardiovascular disease as well as in the areas of basic and applied pharmaceutical/biological sciences and technologies, biostatistics/epidemiology, medical biochemistry, pharmacology, pharmacy, toxicology and patient interest groups. Individuals whose specialties cross over into cardiovascular medicine would be of great value to the Committee.

Tentatively, we foresee the first meeting of the Committee to be held in late April 2009. Among the first items to be discussed will be validation and assessment of surrogate endpoints as well as a review of the common clinical endpoints used in cardiovascular trials. Consequently, nominations of specialists in those specific areas would be appreciated.

Members will be selected based on the required expertise, the individual's breadth of experience and his or her familiarity with committee work. Consideration will also be given to the candidate's ability to balance scientific rigour with practical considerations, regulatory requirements and international perspectives. Health Canada strives to maintain a balance of gender, regional and linguistic representation in its selection of members.

Committee members will be appointed by the Director General of the Therapeutic Products Directorate following a review of all nominations by a Health Canada selection committee. The appointed members will have to undergo government security clearance and provide a declaration of their *Affiliations and Interests*. As a condition of Committee

membership, nominees must approve a summary of their *Affiliations and Interests* which will be posted to the Health Canada website. All travel and accommodation expenses will be compensated according to the Treasury Board policies. Members must participate as volunteers in order to be eligible for indemnification under Treasury Board's Volunteer Policy.

Health Canada's *Health Products and Food Branch Guidance on Advisory Bodies* is used as the guiding document for all advisory bodies. A copy is attached for your information.

Please provide by February 23, 2008, the names, telephone numbers and curriculum vitae of nominees who satisfy the selection criteria outlined above to:

Jackie Lane Moore  
Office of Science, Bureau of Policy, Science and International Programs  
Therapeutic Products Directorate  
Health Canada  
1600 Scott Street, Ottawa, ON, K1A 1B6  
Address Locator 3102C3  
Tel: (613) 952-3625  
Fax: (613) 941-5035  
Email: [jackie\\_lane\\_moore@hc-sc.gc.ca](mailto:jackie_lane_moore@hc-sc.gc.ca)

Please ensure that the nominee is advised and is willing to have their name put forward as a potential candidate for this Committee.





**The BC Lung Health Forum  
March 26-27, 2009  
Sheraton Vancouver Wall Centre Hotel**

**Plan to attend one or more of the events!  
Please Register Now!**

**March 26, 2009 - Annual UBC Lung Health Research Day and Health Policy Forum and the Second Annual David Bates Memorial Lecture**

Join your fellow researchers, students and research users to learn about research activities across B.C. and the UBC Lung Health Program. The one day event will include a research exchange poster session and a policy forum on Lung Health. The day will conclude with the Second Annual David Bates memorial lecture presented by Dr. Doug Dockery, Harvard University. His presentation is entitled: "*Measuring Efficacy of Air Pollution Control*".

For further information, please contact Dr. Raj Devarakonda at:  
T: 604-875-5096 or via email at [Rajashree.Devarakonda@vch.ca](mailto:Rajashree.Devarakonda@vch.ca)

**March 27, 2009 - 11th Annual UBC Respiratory Update  
7.0 Credits - MainPro M1 & Section 1**

A highly rated course that provides the latest knowledge and practical points for practice management of common respiratory conditions. Program directed towards General Internists, Respiratory Physicians, Family Practitioners as well as Nurses, Pharmacists, Respiratory Therapists, Physiotherapists and Occupational Therapists.

For further information, please contact Kathy Standeven at:  
T: 604-875-4111 Ext. 63449 or via email at [Kathy.Standeven@vch.ca](mailto:Kathy.Standeven@vch.ca) .

**For program information please visit:**

2<sup>nd</sup> Annual Lung Health Research & Health Policy Day- [www.centreforlunghealth.ca/events.php](http://www.centreforlunghealth.ca/events.php)  
11<sup>th</sup> Annual Respiratory Update- [www.medicine.ubc.ca/cme](http://www.medicine.ubc.ca/cme)

Please see the attached registration form for location and fee information.

## Annual BC Lung Health Forum

(Lung Health Research & Policy Day and 11<sup>th</sup> Annual UBC Respiratory Update)

March 26-27, 2009 At the

Sheraton Vancouver Wall Centre Hotel, Vancouver, BC

Register for one or two days

Day 1- Lung Health Research Day, Day 2- UBC Respiratory Update CME

**Day 1- Students, Residents and Fellows: Submit a poster for a chance to win a \$500 prize each for Best of Clinical, Basic and Epidemiology Posters!**

Name \_\_\_\_\_

Address \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone # \_\_\_\_\_

Fax # \_\_\_\_\_

Email \_\_\_\_\_

### Physicians

Day 1 Day 2 Both

\$100  \$180  \$ 210

Plus- Day 1 Dinner  \$50

- Respiriologist  
 Other Specialty  
 General Practitioner

### Payment Options (check one)

- Cheque enclosed (payable to UBC  
Department of Medicine)  
 Visa  Mastercard

Card # \_\_\_\_\_

Expiry Date \_\_\_\_\_

Name on \_\_\_\_\_

Card \_\_\_\_\_

"I authorize UBC Department of Medicine to charge my credit card for the above amount for registration to the BC Lung Health Forum"

Signature \_\_\_\_\_

### Allied Health Professionals & Other

Day 1 Day 2 Both

\$75  \$130  \$ 155

Plus- Day 1 Dinner  \$50

- Respiratory/Occupational Therapist  
 Nurse  
 Other

**Hotel:** Reserve rooms directly with the Sheraton Vancouver Wall Centre Hotel located at 1088 Burrard Street. The direct reservation number is **604-893-7120**. Ask for the BC Lung Health Forum standard room rate of \$165 plus taxes available only until March 9, 2009.

**Completed forms, with cheque or payment details, should be mailed or faxed to:**

Kathy Standeven, UBC Department of Medicine

10<sup>th</sup> Floor Gordon & Leslie Diamond Health Care Centre, 2775 Laurel St.

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# HUMAN FRONTIER SCIENCE PROGRAM (HFSP)

12 quai Saint-Jean, 67080 STRASBOURG Cedex, FRANCE

## CALL FOR LETTERS OF INTENT FOR INTERDISCIPLINARY RESEARCH GRANTS: AWARD YEAR 2010

The Human Frontier Science Program supports **international** preferably **intercontinental** collaborations in basic life science research with emphasis placed on *novel*, **innovative** and **interdisciplinary** approaches to fundamental investigations. Applications are invited for grants to support new approaches to understanding **complex mechanisms of living organisms**. Preliminary results are not required. Applicants are expected to develop new lines of research distinct from their ongoing research.

**There are two types of Grant:** **Young Investigators' Grants** are for teams of scientists who are **all** within 5 years of establishing an independent laboratory and within 10 years of obtaining their PhDs. **Program Grants** are for independent scientists at all stages of their careers, although the participation of younger scientists is especially encouraged.

Grants provide 3 years support for 2 – 4 member teams, with not more than one member from any one country, unless critical for the interdisciplinary nature of the project, which is an essential selection criterion. Applicants may establish a local or national **interdisciplinary** collaboration as a component of an international team but will be considered as 1.5 team members for budgetary purposes. Awards are dependent upon team size and successful teams will receive up to \$450,000 per year. The principal applicant must be located in one of the member countries (Australia, Canada, the European Union, France, Germany, India, Italy, Japan, New Zealand, Norway, the Republic of Korea, Switzerland, the United Kingdom and the United States) but co-investigators may be located in any country.

**Guidelines and further instructions are available on the HFSP web site ([www.hfsp.org](http://www.hfsp.org)). International teams of scientists must first submit a letter of intent online via the web site. Specific enquiries: [grant@hfsp.org](mailto:grant@hfsp.org)**

**Deadlines :** **Compulsory pre-registration, via the web site: March 20<sup>th</sup> 2009**  
**Submission of Letters of Intent: March 31<sup>st</sup> 2009**

February 11, 2009

### New grant competition: Exploring the Psychosocial Aspects of Breast Cancer

A new grant competition, the Canadian Breast Cancer Research Alliance/Canadian Breast Cancer Foundation Special Research Competition on Psychosocial Aspects of Breast Cancer was launched today. This initiative has received major funding support from the Canadian Breast Cancer Foundation.

“The focus on issues around the psychosocial impact of breast cancer survivorship is an important and urgent research priority,” says Dr. Claire Holloway, Chair of the CBCRA Research Advisory Committee (RAC). “There are many challenges facing a person from the moment they are diagnosed with breast cancer,” says Dr. Holloway, “and the research we hope to generate with this new program will be aimed at preserving and even enhancing their quality of life.”

Psychosocial oncology is defined as any aspect of cancer care concerned with the understanding and treatment of social, psychological, emotional, spiritual, and functional aspects of cancer, at all stages of the disease trajectory from prevention to bereavement.

In 2008, it was estimated that 166,000 Canadian women – about one in every 97 – had a diagnosis of breast cancer at some time in the past 15 years, according to the Canadian Cancer Society’s report *Canadian Cancer Statistics 2008\**. The number of survivors will continue to grow as improved screening programs and advances in treatment options result in fewer deaths. The Psychosocial Aspects of Breast Cancer program will support research on a wide range of issues, from the psychological impact of wait times for diagnosis and for treatment, to comprehension of the extensive information that patients grapple with every step of the way.

To develop this program, a team led by RAC member Dr. Tom Hack was assembled, consisting of Canadian and international experts in the field, as well as two breast cancer survivors. They reviewed the current state of research in this area, and identified knowledge gaps and research needs.

A detailed Request for Applications is attached, outlining the research areas eligible for funding.

#### Key dates:

Deadline for Letters of Intent (LOIs): April 9, 2009

Notification of successful LOIs: May 15, 2009

Grants awarded: November 1, 2009

For more details visit [www.breast.cancer.ca/SpecialGrantPrograms](http://www.breast.cancer.ca/SpecialGrantPrograms)

*\*Although reported in the 2008 publication, these statistics refer to data from 2004, the most recent year of available data.*

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**Canadian Breast Cancer Research Alliance/  
Canadian Breast Cancer Foundation  
Special Research Competition on  
Psychosocial Aspects of Breast Cancer**

**Request for Applications**

**Important Dates and Facts**

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<b>April 9, 2009</b>	Letters of intent, in PDF format, must be e-mailed to Pat McAulay (pmcaulay@cbcra.ca) by <b>5 p.m. Eastern time</b> . E-mail acknowledgements will be sent to PIs within one business day. The file must be named as follows: PIsurname_PABC_09.pdf
<b>May 15, 2009</b>	PIs for successful letters of intent will be invited by e-mail to submit full proposals.
<b>July 15, 2009</b>	Deadline for submission of full proposals by invited PIs.
<b>October 2009</b>	Funding decision posted on CBCRA website.
<b>November 1, 2009</b>	Funding begins for successful applications.
<b>Duration of Projects</b>	Projects may be from 1 to 5 years in duration. All awards are non-renewable.
<b>Funds Available</b>	A total of \$2.5 million is available for projects funded through this competition. This represents \$2 million allocated by the Canadian Breast Cancer Foundation and \$0.5 million allocated by the Canadian Breast Cancer Research Alliance.
<b>Total Funding per Project</b>	Psychosocial oncology research projects in Canada have historically been funded at an average of approximately \$150,000 per year. This RFA is intended to be flexible in the range of project budgets that will be considered, but it is envisaged that applications will average \$500,000 in total. Project budgets may be larger or smaller than this amount and will be judged on potential for impact as well as value for money. In accordance with CBCRA peer-review procedures, the appropriateness of, and justification for the budget will be evaluated very carefully and the review panel may recommend funding some applications below the amount requested by the applicants.

**Number of Grants to be Awarded** Successful applications will be funded according to priority rankings. Grants will be awarded until available funds have been spent.

### **Rationale and General Description**

This initiative promotes psychosocial research in breast cancer. Psychosocial oncology research covers a broad content area. For this initiative, psychosocial oncology is defined as any aspect of cancer care concerned with the understanding and treatment of social, psychological, emotional, spiritual, and functional aspects of cancer, at all stages of the disease trajectory from prevention to bereavement (Canadian Association of Psychosocial Oncology). Psychosocial oncology involves a whole-person approach to cancer care, addressing a range of human needs that can improve or optimize quality of life for affected individuals and their networks. A key goal in breast cancer research is to preserve and, where possible, to enhance quality of life as quickly and as fully as possible.

Applications will be accepted that address one or more psychosocial issues facing people with breast cancer. Proposed studies may focus on psychosocial aspects of prevention, screening, diagnosis, treatment, post-treatment, metastatic disease, palliation, or bereavement. Proposed studies may also address psychosocial aspects of health services; for example, wait times and costs of treatment (e.g., drug coverage). Applications will be accepted that address the priorities established by the Cancer Journey Action Group of the Canadian Partnership Against Cancer, including screening for distress, patient navigation programs, and survivorship.

In addition, this RFA invites innovative research projects that: (a) demonstrate the effectiveness of psychosocial interventions to improve quality of life in areas where evidence demonstrates that quality of life is negatively affected; (b) develop simple, cost-effective interventions that can be offered to most women, including those from visible minority groups, and can be readily adapted for use in many geographical regions of Canada; (c) examine promising theoretical frameworks, new psychosocial measures, instruments, or research methodologies; and (d) bring together multidisciplinary teams (e.g., basic scientists, clinicians and psychosocial researchers) to conduct translational research (application of ideas, insights, and discoveries generated through basic scientific inquiry to the treatment or prevention of disease) with an emphasis on psychosocial aspects of breast cancer. This initiative is not intended to fund projects solely focused on testing adjuvant therapies, metastatic treatment, or acute symptom control.

Applications can be submitted by individual investigators or by multidisciplinary research teams. Suitability of the research team will be evaluated, in part, based on the depth and breadth of the issues to be examined and the expertise required to effectively address the proposed research question(s). Eligible principal investigators, co-principal investigators or co-applicants must be based in, or formally affiliated with, an eligible Canadian host institution. Note that graduate students, postdoctoral fellows, research associates, technical support staff or investigators outside of Canada are not eligible to be a principal investigator but can be named on a grant under the "additional author" category. Foreign collaborations are welcome, however CBCRA will not provide support for salary or direct operating costs incurred outside of the country. Most applications are expected to have a single PI, but CBCRA will consider applications with two co-principal investigators where justified.

### **Eligible Research Areas**

The primary objective of this initiative is to support excellent research that addresses psychosocial aspects of breast cancer. Eligible areas include, but are not limited to:

- Clinical investigations of theoretical models of psychosocial adaptation to breast cancer.
- Delivery of psychosocial care and health services (e.g., improved access to psychosocial care for breast cancer patients and families; facilitation of adaptation during survivorship; evaluation of psychosocial services; screening for distress or other psychosocial problems; patient navigation).
- Communication, education, and decision-making strategies and aids; addressing unmet patient needs; enhancing access to and comprehension of breast cancer information.
- Psychosocial aspects of cost-related matters or health services issues in survivorship (e.g., psychosocial aspects of return to work; costs of delivering psychosocial care; cost savings and/or physical/mental health benefits attributable to psychosocial interventions or support; psychosocial impact of wait times; benefits of screening for distress or other psychosocial problems; psychosocial impact of disparities in access to anticancer drugs).
- Supportive care, behavioural, or information-oriented interventions to improve psychosocial well-being in women affected by breast cancer (at the time of diagnosis, during treatments for primary or recurrent breast cancer, or following treatment, including palliative care).

- Strategies to address diversity-related challenges (e.g., single-parent families, very young women, elderly, ethnic, rural, sexual orientation).
- Long-term psychosocial adaptation following breast cancer treatment (e.g., psychosocial problems associated with arm morbidity, neurocognitive deficits, fatigue, bone loss, musculoskeletal disorders, weight control, menopausal symptoms).
- Psychosocial aspects of genetic testing for mutations in genes which convey predisposition to breast cancer (e.g., psychosocial impact of genetic testing; family communication and uptake of testing; facilitating comprehension of results; psychosocial consequences of testing positive for BRCA1 or BRCA2 mutations; uptake of risk-reducing surgery or targeted screening by mutation carriers; professional education about genetic testing for breast cancer genes).
- Translational research of genetic or other basic physiological mechanisms that lead to psychosocial problems (e.g., genetic predisposition to fatigue or cognitive dysfunction in breast cancer).
- “Best practices” in psychosocial oncology and knowledge translation (e.g., facilitating transfer and uptake of knowledge and/or interventions where evidence supports this).

### **Letter of Intent (LOI) Details**

The Principal Investigator must submit **by e-mail** one file, in PDF format, that includes a 3-page, double-spaced overview of the proposed project, describing the following:

1. The research/clinical issue to be addressed;
2. Background and scientific rationale;
3. Design and methodology, including sampling;
4. Relevance of the proposed research to Psychosocial Aspects of Breast Cancer, as described in this Request for Applications.

The LOI must include the following as appendices:

- A list of four expert investigators, domestic or foreign, appropriate to serve as reviewers for the intended application. Nominated reviewers must have no conflict of interest in relation to the intended application. Information about each prospective reviewer should include: name, host institution, telephone number, e-mail address, and a brief description of the individual’s expertise.



- A list of investigators who should **not** be contacted as reviewers with a brief explanation of the reason for their exclusion (e.g., research collaboration or shared publication within the past five years).

- For the PI and each co-applicant, provide the following:

A brief Curriculum Vitae (no more than 5 pages), including current academic/hospital affiliation, educational background, publications for the past five years (lists of publications are excluded from the 5-page limit), and a list of all operating funds and career awards currently held, pending, or held during the past 5 years. For each grant, indicate PI and all co-applicants, funding agency, title, duration and amount of award, and the degree of conceptual and budgetary overlap with the application described in the LOI.

- A preliminary budget for the proposed study.

### **Next Steps**

Following the evaluation of the LOIs, only successful applicants will be notified and invited to submit full applications. All details will be supplied at that time. The full application must conform to the guidelines for CBCRA operating grant applications.

### **Review Process**

LOIs and full applications will be reviewed by an international, interdisciplinary peer review committee with expertise in relevant areas, supplemented by members of the breast cancer survivor community. The committee will follow standard CBCRA peer-review procedures.

Review panel recommendations will be considered by CBCRA's Research Advisory Committee, which will make its final recommendations to the CBCRA Board of Directors in October 2009. Successful applications will be funded according to their priority rankings and the availability of funds.

## **Research Administration**

### **Funding**

Successful applications will receive funding annually, for up to 5 years, with a start date of November 1, 2009.

### **Reports**

Grant recipients must submit an annual progress report. Continuation of funding will be contingent on evidence of sufficient progress and timely receipt of progress reports. A final report will be required upon completion of the grant.

### **Publishing**

Investigators are expected to publish their results in scientific journals. Funding provided through this competition should be acknowledged in all publications and presentations as follows: "This grant/these grants have been funded through the Canadian Breast Cancer Research Alliance/Canadian Breast Cancer Foundation Special Research Competition on Psychosocial Aspects of Breast Cancer with major funding support from the Canadian Breast Cancer Foundation."

Researchers will be requested to present their research at any scientific conferences organized by CBCRA and are expected to cooperate with CBCF and CBCRA in public communications.

## **Questions?**

Contact:

Pat McAulay  
Program Administrator  
Canadian Breast Cancer Research Alliance  
416-596-6598 ext. 390  
pmcaulay@cbcra.ca



**BCbiolibrary**  
A healthy future, faster



Michael Smith Foundation for  
Health Research

## **2<sup>nd</sup> Annual BC BioLibrary Workshop** ***Patients as Partners in Personalized Medicine***

The BC BioLibrary is a Michael Smith Foundation for Health Research Technology/Methodology Platform which aims to acquire, organize, and distribute human biospecimens to research studies, clinical trials and biobanks by creating a strategic solution that fills gaps in the process for the biobanking community.

This workshop seeks to catalyze translational research within Canada by engaging stakeholders from all relevant disciplines and backgrounds on issues surrounding **biobanking** at a provincial and national scale. Discussion will be initiated on topics such as the **role of biospecimens in research, ethics, privacy, public confidence, and patient advocacy** and will address aspects crucial for **translational research** in Canada to continue to advance in healthcare.

**Date:** Friday, April 17<sup>th</sup>, 2009  
**Time:** 7:45 am – 4:00 pm  
**Location:** Century Plaza Hotel  
1015 Burrard Street, Vancouver, BC  
**RSVP:** Sara Giesz ([bcbiolibrary@mrl.ubc.ca](mailto:bcbiolibrary@mrl.ubc.ca))

**Agenda:**

7:45 am	Registration & Coffee	
8:30 am	Welcome Address	Dr. Bruce McManus
8:45 am	Introduction to the BC BioLibrary	Dr. Peter Watson
<b>9:00 am</b>	<b>Keynote Lecture: Personalized Medicine- The Alzheimer's Disease Experience</b>	<b>Dr. Judes Poirier</b>
9:45 am	Using Deliberative Democracy to Engage the Public	Dr. Michael Burgess
10:30 am	Patient Advocacy and Biospecimens	Ms. Deborah Collyar
11:30 am	Gaining and Maintaining Public Confidence	Mr. Ed Yee
12:15 pm	Ethics - Regulations & Policy vs. Practical Approaches to Protect Privacy	Dr. Kelly Fryer-Edwards
1:00 pm	Lunch	
1:45 pm	Working Groups - Key Elements for Training:	
	1. Consent personnel	Dr. Kelly Fryer-Edwards
	2. Biospecimen processing personnel	Dr. Richard Hegele
	3. Data management personnel	Dr. Mark Wilkinson
3:00 pm	Live Cell Banking: Ethical Considerations vs. Traditional Cellular Research	TBA
3:30 pm	Live Cell Banking: Practical Applications in Collection and Processing	TBA
4:00 pm	Close & Reception	

## **Equity Enhancement Fund – Guide to preparing an application**

Please submit your application to the Associate Vice-President, Equity, by March 15 or October 15. The AVP Equity will seek advice from the President's Advisory Committee on Equity, Discrimination and Harassment. All applications must be endorsed by a head of unit.

This Guide is designed to assist you in providing us with the information we need to assess your application.

### **1: Project Title/Applicant Information**

Please provide a title for your project and identify your unit/organizational name and purpose. Please list contact details for at least two primary contacts for this project.

### **2: Statement of Project Objectives**

**Describe your proposed project. What are the overall objectives and specific objectives of the project?**

Provide a clear description of what you want to accomplish. Overall objectives are broad general statements of what you are trying to accomplish. Specific objectives are measurable statements of what you want to accomplish by a given point in time. Objectives should be realistic enough to be achieved and clear enough for you to know when you have achieved them.

**Example** of project objectives:

Overall objective: To achieve greater web-accessibility for people with disabilities across UBC by showcasing 3 high traffic service websites and encouraging administrative heads to champion the web-accessibility cause.

Specific Objectives: By the end of the project, we will have:

- 1) Worked with 3 campus service units to evaluate current web-accessibility practices and standards;
- 2) Hired and utilized the services of a contract web-master to overcome low-cost easy to fix obstacles identified during evaluation;
- 3) Trained staff in service unit to sustain site accessibility;
- 4) Developed web-accessibility plan to address higher cost obstacles and to plan for greater accessibility standards in future;
- 5) Presented plan and rationale to AHU's and their designates;
- 6) Offered promotional opportunities and encouraged administrative heads of participating units to promote and reward greater web-accessibility across other campus service and academic units.

### **3: Identification of Need - Link to Equity Objectives**

Tell us why you think this project is needed and who it will serve? Note, priority is given to projects that make observable and/or measurable differences in the representation or experiences of students, staff, and/or faculty who are members of historically disadvantaged groups. Projects that have a continuing effect on enhancing employment or educational equity are also given priority.

Describe how this project links to equity objectives in general. Are there ways that you could extend the reach of the project or share your successes with others?

### **4: Method – Work-plan**

Outline key tasks and events with a timeline or schedule (if applicable) that will be used during the planning and implementation stages of this project.

### **5: Evaluation**

Describe the process (es) you will use to evaluate whether or not you have successfully met the project objectives.

Evaluation tells you how well you are meeting your objectives, and it helps to check on the accuracy of assumptions you make in planning. There are various ways to evaluate or measure a project: questionnaires, evaluation forms, verbal feedback, results and outcomes, etc.

### **6: Budget**

Do you have other sources of funds (or in-kind contributions) for this project? Will EEF funding make a difference and how will the funds be spent? Please detail the sources of funds and itemize related expenses.

### **7: Qualifications/Project Partners**

What skills and qualifications do you and your project partners have to undertake this project and make it a success? Are there similar projects being done on campus by others? Have you established links with others or are you working with others?

### **8: Sustainability**

How will the impact of this project be sustained?

### **9: Endorsement**

Please provide contact information for the head of unit that has endorsed this application.



## THE UNIVERSITY OF BRITISH COLUMBIA

### Equity Enhancement Fund Vancouver Guidelines (Winter 2009)

The Equity Enhancement Fund (EEF) is a University resource designed to assist academic and administrative units in creating new initiatives that will enhance equity within the University. The new initiative may benefit students, faculty and/or staff. Examples of appropriate use of the Equity Enhancement Fund include, but are not limited to,

- resources to design and offer new curriculum initiatives
  - funding a speakers series on diversity issues
  - developing a program to enhance employment opportunities for historically disadvantaged groups.
1. A request for funds may be submitted by faculty, staff or students but must be endorsed by a head of unit and submitted to the Associate Vice-President, Equity, by March 15 2009. Funds will be allocated by the Associate Vice-President, Equity, who will seek advice from the President's Advisory Committee on Equity, Discrimination & Harassment.
  2. Any academic or administrative unit may submit a request. UBC student groups that are not affiliated with an academic or administrative unit may submit a request for funds if the request is supported by an academic or administrative unit and is endorsed by the head of that unit.
  3. A request for funds must be accompanied by a clear statement of project objectives, rationale, and methods, a detailed budget, and a means to evaluate project outcomes. A request for funds should also include a description of how the project links to equity objectives. Preference will be given to projects accompanied by a long-term plan to maintain the initiative on a continuing basis through unit operating funds.
  4. Where possible, funds should be used to match unit funds.
  5. For the March 15, 2009 call for proposals, **proposals applying for funding of up to \$40,000 will be considered.** The Committee may approve one proposal of up to \$40,000 or several smaller proposals totaling \$40,000. For future calls for proposals, a lower limit may apply.
  6. Innovative projects are encouraged. Funds will not be used to fund a project that is a normal part of the unit's responsibilities and operating expenses, or, except in exceptional circumstances, to reinstitute a previously funded project in a unit.
  7. Priority will be given to projects that will make observable and/or measurable differences in the representation or experiences of students, staff, and/or faculty who are members of historically disadvantaged groups. In addition, priority will

- be given to projects that will have a continuing effect on enhancing employment or educational equity in a unit.
8. Projects that receive EEF funds are required to submit a brief report, including a financial accounting, to the Associate Vice-President, Equity upon completion of the project.
  9. The amount of funds and guidelines for their disbursement will be reviewed annually by the Associate Vice-President, Equity, and the PACEDH.