



No. of research proposal

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

A COMPREHENSIVE APPLICATION FOR A RESEARCH GRANT

Form No. 4 RFP - 2018

General Instructions

Applications must be typed on the official NIHP forms only.

Please download updated forms from the Institute website only.

Attention should be paid also to more instructions imbedded in the form.

The application forms must be submitted in two formats:

1. A digital copy in **Word** format, should be submitted **online via the [Research Management System](#)**, not later than the deadline stated in the letter sent to the PI.
2. **A hard copy** signed by the PI, the Research Authority and/or the director of the institute which will manage the grant funds. *The hard copy may be posted after the deadline.*

Incomplete and/or late applications will not be processed.

Special attention is requested to documents and approvals detailed in paragraph 9 of section 1 and in section 9.

Signing the research contract is subjected to submission of all relevant approvals.

The grant request includes the following sections:

- Section 1** General information
- Section 2** Abstracts (English and Hebrew)
- Section 3** Detailed description of the research plan
- Section 4** Time Table
- Section 5** Progress report on any recent NIHP supported project
- 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** Additional documents

[PLEASE CONSULT ALSO HEBREW INSTRUCTIONS \(FORM 3\)](#)



No. of research proposal

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

Address

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH
The Sheba Medical Center, (Gertner Building), Tel Hashomer 52621, Israel.
Email: nihp-r@israelhpr.health.gov.il

www.israelhpr.org.il

Telephone: +972-3-5303516/7, Fax: +972-3-5303250

**All correspondence with the Institute will be conducted through
"correspondence" tab, in the [Research Management System](#).**

**Information regarding research proposals will be given only to the PI and/or the
Research Authority**



No. of research proposal

--

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

Section

1

General information

1. Title of research (in English)

--

Title of research (in Hebrew)

--

2. Information on Principal Investigator*

	Last name	First name	ID # (9 digits)			
Academic affiliation	University**					
	Department or Faculty					
	Rank	Instructor – Lecturer- Senior Lecturer - Ass. Prof - Professor				
†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)	Which specialty(ies)?					
Scientific Interest (Key words)						
Role in the project						

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

** Institute, College etc.

† If principle employment is elsewhere



No. of research proposal

--

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

2A. Information on Co-Principal-Investigator*

	Last name	First name	ID # (9 digits)			
Academic affiliation	University**					
	Department or Faculty					
	Rank	Instructor – Lecturer- Senior Lecturer - Ass. Prof - Professor				
†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)	Which specialty(ies)?					
Scientific Interest (Key words)						
Role in the project						

* Only one Co- Principal Investigator is allowed.

** Institute, College etc.

† If principle employment is elsewhere



No. of research proposal

--

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

3. Information on Associated Investigator No. _____ *

	Last name	First name	ID # (9 digits)								
Academic affiliation	University**										
	Department or Faculty										
	Rank	Instructor – Lecturer- Senior Lecturer - Ass. Prof - Professor									
†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)	Which specialty(ies)?										
Relationship to P.I. <small>(supervisor, associate investigator, student, etc.)</small>											
Scientific Interest (Key words)											
Role in the project											

* Up to 3 additional pages may be added if necessary

** Institute, College etc

† If principle employment is elsewhere

signatures

Principal Investigator Name: _____ signature: _____

Associate-PI Name: _____ signature: _____

Co-investigator Name: _____ signature: _____

Co-investigator Name: _____ signature: _____

Co-investigator Name: _____ signature: _____

Co-investigator Name: _____ signature: _____



No. of research proposal

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

4. Main location where the research will be conducted

5. Additional Institute's cooperating in the research

6. Name of the Institute's financial authority

7. Expected total duration of project (in months)

8. Estimated budget requested (NIS, including overhead)

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

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.)

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.

[N.B.: If any of these approvals have not yet been received, please enclose a letter of explanation and an approximate date of submission]

Past experience has shown that it takes a long time to obtain these approvals. Therefore it is highly recommended not to postpone actions required to obtain them.

The approvals should be attached to the online form on the ["attached files"](#) section.



No. of research proposal

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

Signature of the Principal Investigator and Date

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	Email Address

Signature: _____ Date: _____

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	Email Address

Signature: _____ Date: _____

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

Section 2: Abstracts

Instructions for the writing of the abstracts:

- A. Both English and Hebrew abstracts should be included.
- B. For the Hebrew abstract, please consult Form 3 (page 8).
- C. Abstracts should be written in Microsoft Word within the allocated frames:
 - No more than 350 words in Font Arial, size 12.
 - Must be single spaced.
- D. The Abstract should include all of the following subtitles:
 1. Scientific Background
 2. Objectives
 3. Working Hypotheses (not mandatory in qualitative research).
 4. Type of Research
 5. Methods of Data Collections
 6. Methods of Data Analysis
 7. Uniqueness or special Relevance to the National Health Insurance Law
 8. Possible Policy Recommendations
- E. All subtitles should be underlined or in bold. No references should be included in the abstracts.



No. of research proposal

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

A. English Abstract

1. Complete title of research proposal

2. Principal investigator (full name and affiliation)

3. Abstract

(Follow instructions on the previous page)



No. of research proposal

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

B. Hebrew Abstract

1. כותרת מלאה של הצעת המחקר (עברית)

2. שם החוקר האחראי ומקום עבודתו (מוסד ומחלקה)

3. תקציר

ראה הנחיות בטופס מס. 3

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

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**
3. **Working Hypotheses** (not mandatory in qualitative research).
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. **Significance of the Proposal:** This paragraph should stress the innovation and uniqueness of the proposed research, especially vis-à-vis similar Israeli and international studies. The practical applicability and possible policy recommendations should be elaborated.
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 NIHP reserves the right to review contracts with other sources if the proposal is part of a larger research plan.



No. of research proposal

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

IMPORTANT

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

Typing instructions:

- Microsoft **Word**
- Font – Arial, 12 pt.
- Spacing between lines – 1.5
- Page size – A4

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

Section 4 (To be filled in this electronic form **and** online via the [Research Management System](#))

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	Scheduled timetable (months)		Where this stage is carried out
		Begin)	End	
1		0		
2				
3				
4				
5				
6				
7				
8				

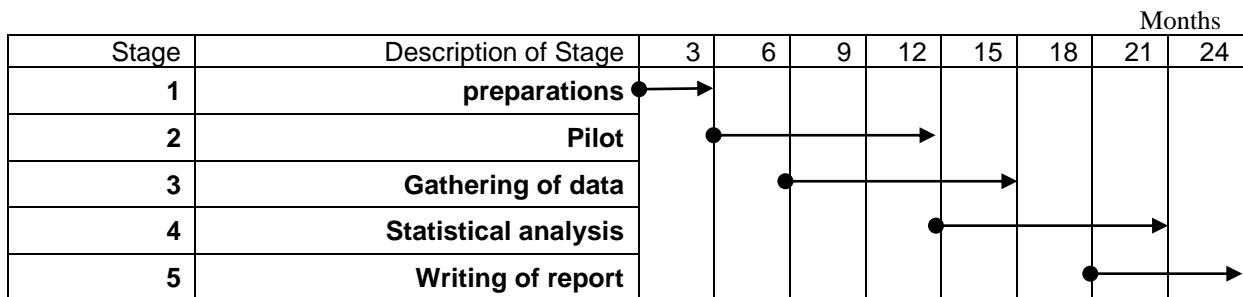
Please note –

1. Any deviation from the work plan (such as change in the time table, size of sample or methodology) needs the NIHP's approval **beforehand.**
2. Time may be allocated to "Literature Review" – but this stage of the research will not be funded.

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

B. Explanatory notes

C. Example of a Gantt chart





No. of research proposal

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

Section 5

Other projects supported by the NIHP of any of the investigators

(Please specify research title and its current stage.)

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

Section 6 (To be filled in this electronic form **and** online via the [Research Management System](#))

Requested budget

Instructions ([Please consult also Hebrew instructions – form 3](#))

- A.** The Israel National Institute 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 whatsoever will be approved.** Any request for change must be submitted beforehand, detailing the nature and the reasons for the change.
- B. Do not include:** 1) Expenses for investigators' salaries or any other personal expenditures. 2) Purchase of permanent equipment, such as computers, software, professional literature, literature review, personal incentives to participants, IRB submission fees, participation in conferences, catering expenses, telephone expenses or editing/publication expenses.
- C.** Proforma invoices from **third-party providers** should include a detailed specification of the invited project.
- D.** If the budget includes payment **for use of databases**, please provide their names, place of acquisition, and proforma invoice.
- E. Research related travel expenses** (public transportation in Israel only) are to be included in the manpower section, as part of the salary costs and not in a separate section.
- F.** If there are **other sources of financial aid**, please attach a letter from the other supporting institution, confirming and detailing the amount of aid.
- G.** Any deviation from the approved budget (including changes in sections in the budget) should be approved by the NIHP in writing and in advance.
- H.** Justifications and remarks are highly important in the process of budget approval and therefore they should be as specified as possible.



No. of research proposal

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

1. Full title of the research proposal

2. Principal investigator (full name and affiliation)

3. Name of the Institute's financial authority

4. Expected total duration of project (in months)

5. Budget details

A. Personnel

Employment costs							
Employees			Salary Costs				
	Role Description	Academic Degree	Input unit (month/hour)	Cost per unit	% of FTE / Hours per month	Months	Total
1							
2							
3							
4							
Total for subsection A							



No. of research proposal

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

B. Other Expenses

	Expense Description	Amount	Cost per Unit	Total
1				
2				
3				
4				
Total for subsection B				

C. Work to be done by third party contractors (Please include detailed Proforma invoices)

	Description of work	Name of contractor	Cost
1			
2			
Total for subsection C			

D. Total for A+B+C

E. Overhead (up to 10%)

F. Total proposed budget



No. of research proposal

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

6. 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

	Description of work	Justification
1		
2		

C. Other Expenses

	Expense description	Justification
1		
2		
3		
4		
5		
6		

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

7. 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

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

B. The NIHP is to be informed of any grant applications submitted, or planned to be submitted in the future to other institutes.

C. 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



No. of research proposal

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

Section 7

Curriculum vitae and list of publications of researchers

Please use this form only and copy it for each investigator

1. Investigator's Details

Last Name	First Name	Date of Birth	Place of Birth	ID #

2. Role in the present proposal:

Principal investigator / Co-principal investigator / Co-investigator

3. Academic Education

From...To...	Institute	School	Degree

4. Current academic Status

Date	Institute	Faculty	Rank

5. Employment Experience (*Please start from current position*)

From...To...	Institute	Department	Position



No. of research proposal

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

List of Publications

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

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

Section 8

Classification of the research proposal and key words

1. Please mark the appropriate research areas (in Hebrew)

1. ביטוח בריאות ממלכתי
2. קופות החולים
3. הסל ועדכונו
4. הביטוח המשלים
5. משרד הבריאות
6. רפואה ראשונית
7. רפואה מקצועית/שניונית
8. מערכת האשפוז
9. רפואה מונעת
10. רפואה דחופה
11. שירותי לילה
12. רפואה פרטית
13. סיעוד
14. טכנולוגיה (תרופות, מכשור)
15. גריאטריה
16. בריאות הנפש
17. בריאות השן
18. פיתוח כלים
19. הקמת בסיס נתונים
20. בדיקת עמדות
21. סקר שביעות רצון
22. קידום איכות והערכת ביצועים
23. בדיקת נגישות, זמינות ופערים במערכת
24. מימון והקצאת משאבים
25. התאמת כוח אדם
26. סקר אפידמיולוגי
27. הערכת תכנית התערבות
28. אחר:



No. of research proposal

THE ISRAEL NATIONAL INSTITUTE FOR HEALTH POLICY RESEARCH

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)