**NETWORK FOR CANADIAN ORAL HEALTH RESEARCH**

**2020-2021 NEW FRONTIER SEED DEVELOPMENT PROGRAM**

**STRATEGIC THEME FORM**

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

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

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

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| --- | --- |
|  | **Select One Theme**  **(√)** |
| *Theme 1: Improving oral health care access and treatments* |  |
| *Theme 2: Aging and the inception/progression of degenerative and chronic diseases that affect the body, including the mouth* |  |
| *Theme 3: Role of the oral microbiome, saliva and/or oral in systemic diseases* |  |
| *Theme 4: COVID-19 and oral health* |  |
| *Theme 5: Novel research avenues with a strong potential for innovation and excellence (please identify):* |  |

(2) Please provide a brief justification of the relevance of the application to the mandate of NCOHR’s 2020-21 New Frontier Seed Development Program (maximum 150 to 200 words).

(3) Applicants are **required** to provide the name and contact information (including email address) of at least three potential reviewers **outside Canada**. The proposed reviewers cannot 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 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: