

RESEARCH AWARD
GRANT APPLICATION

I **PRINCIPAL INVESTIGATORS**

Name: _____ Registration No.: _____

Address: _____ City & Prov.: _____

Phone Res: _____ Bus: _____ Postal Code: _____

CO-INVESTIGATOR(S) (if applicable)

Name: _____ Registration No.: _____

Address: _____ City & Prov.: _____

Phone Res: _____ Bus: _____ Postal Code: _____

Name: _____ Registration No.: _____

Address: _____ City & Prov.: _____

Phone Res: _____ Bus: _____ Postal Code: _____

II **PROJECT TITLE**

III **AFFILIATED INSTITUTION/AGENCY**

Institution/Agency Name:

Address: _____

Contact Person: _____ Bus. Phone: _____

IV ANY OTHER FACILITY/GROUP INVOLVED IN THE PROJECT?

Name: _____ Bus. Phone: _____

Address: _____

Type of Involvement: _____

Contact Person: _____ Bus. Phone: _____

V CATEGORY OF GRANT PROPOSAL (Please check appropriate box)

Research Grant

Facilitation Grant

Evaluation Project

VI AMOUNT REQUESTED: \$ _____

VII PROPOSAL REQUIREMENTS PROVIDED

Appendix
Page No.

i) Ethical clearance for human experimentation

ii) Ethical clearance for animal experimentation

iii) Ethical clearance for access to confidential records

iv) Approval of access to subjects and/or facilities required

VIII STUDENT APPLICATION

Student applicants are required to submit the resumé of their thesis advisor and provide advisor's signature indicating approval of the application.

Name: _____ Title: _____

Signature: _____

IX SIGNATURES

The undersigned agree that the general conditions governing the award of a grant, including citizenship or permanent resident status in Canada, as set for in the Guidelines for Application, apply to any grant made pursuant to this application and are hereby accepted by the applicant and the institution/agency which employs the applicant or with which the applicant is affiliated.

Principal Investigator:

Affiliated Institution/Agency Signatures:

Name: _____
(Head of Nursing or Designate)

Title: _____

Signature: _____ Date: _____

Name: _____
(Chief Executive Officer or Designate)

Title: _____

Signature: _____ Date: _____

RESUME

Please note: Use one form for each investigator. Do not substitute general resumés or curriculum vitae. Provide only directly related information. One additional page may be added.

Name: _____

Position/Rank Held: _____

Institution:

EDUCATION: (Please also include any program(s) in which you are currently enrolled.)

<u>Degrees</u>	<u>Institution & Location</u>	<u>Major</u>	<u>Year Degree Obtained</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RESEARCH TRAINING/EXPERIENCE:

<u>Position</u>	<u>Institution & Location</u>	<u>Dates</u>	<u>Supervisor</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

POSITIONS HELD IN LAST 5 YEARS:

<u>Position</u>	<u>Institution & Location</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PUBLICATIONS AND RESEARCH PRESENTATIONS:

_____ (date)

_____ (signature of Investigator)

PROPOSED BUDGET

Please outline the total proposed budget.

Personnel - List all personnel involved in the project, whether being paid from project funds or not. In the latter case, put N/A in the last two columns on right.

Name	Title and Project Contribution	Time Commitment		Rate of pay per hour	Estimated Expenditure
		Hrs/Wk	# of Wks		

Subtotal: \$ _____

Non-Expendable Equipment - Maximum to be funded by CCCN - \$100.

Item	Justification (items which are not self-explanatory)	Estimated Expenditure

Subtotal: \$ _____

Supplies/Services/Other

Item	Justification (items which are not self-explanatory)	Estimated Expenditure

Subtotal: \$ _____

Total Budget: \$ _____

Funding Requested from CCCN: \$ _____

SUMMARY OF PROPOSAL

Please provide below an accurate, succinct (500-word maximum) summary which is suitable for release to the public media.