

**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 &amp; Location</u>	<u>Major</u>	<u>Year Degree Obtained</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RESEARCH TRAINING/EXPERIENCE:

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

POSITIONS HELD IN LAST 5 YEARS:

<u>Position</u>	<u>Institution &amp; 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.