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## The \$15K Challenge Application for Project Funding

### ADMINISTRATIVE DETAILS FORM

Grant Details		
Project Title:		
Grant Amount Requested for Research Project:		
Duration of Project: 1 year		
Is this a resubmission of a previously unsuccessful \$15K Challenge application? Yes No <input type="checkbox"/>		
If you answered YES to the question above, please indicate the application deadline of the previously submitted proposal:		
Feb 2014	Mar 2014	Oct 2014
Mar 2015	Oct 2015	Feb 2016
Oct 2016	Feb 2017	Oct 2017
<b><i>If this is a resubmission, please attach the committee feedback form from your previous submission, and a one-page document addressing the changes you have made in your current application that respond to the committee's suggestions from before.</i></b>		
All research involving human beings requires ethics approval. Does your organization (or partner organization) have a Research Ethics Board? Yes No		
Principal Applicant ( <i>This individual will be our primary contact and receive the funds at the address given</i> )		
Name (Surname, Given Name):		
Organization:		
Department:	Position:	
Address:		
City:	Province: ONTARIO	Postal Code:
Telephone:	Ext:	E-Mail:
Registered Charitable Number (if applicable):		
Primary contact name (if different than above):		
Primary contact e-mail (if different than above):		

<b>Team Member 1</b>		
Is this individual a Co-Principal Applicant	Yes	No
Name of Contact Person (Surname, Given Name):		
Organization:		
Department:	Position:	
Address:		
City:	Province:	Postal Code:
Telephone:	Ext:	E-Mail:
<b>Team Member 2</b>		
Name of Contact Person (Surname, Given Name):		
Organization:		
Department:	Position:	
Address:		
City:	Province:	Postal Code:
Telephone:	Ext:	E-Mail:
<b>Team Member 3</b>		
Name of Contact Person (Surname, Given Name):		
Organization:		
Department:	Position:	
Address:		
City:	Province:	Postal Code:
Telephone:	Ext:	E-Mail:

<b>Team Member 4</b>		
Name of Contact Person (Surname, Given Name):		
Organization:		
Department:	Position:	
Address:		
City:	Province:	Postal Code:
Telephone:	Ext:	E-Mail:
<b>Team Member 5</b>		
Name of Contact Person (Surname, Given Name):		
Organization:		
Department:	Position:	
Address:		
City:	Province:	Postal Code:
Telephone:	Ext:	E-Mail:
<b>Team Member 6</b>		
Name of Contact Person (Surname, Given Name):		
Organization:		
Department:	Position:	
Address:		
City:	Province:	Postal Code:
Telephone:	Ext:	E-Mail:

**Declaration**

I have been given the authority to submit this application on behalf of my organization. I declare the information provided in this application to be true, complete and accurate to the best of my ability.

<b>Principal Applicant</b>	
Name (please print):	Signature:
Date:	
<b>Team Member 1</b>	
Name (please print):	Signature:
Date:	
<b>Team Member 2</b>	
Name (please print):	Signature:
Date:	
<b>Team Member 3</b>	
Name (please print):	Signature:
Date:	
<b>Team Member 4</b>	
Name (please print):	Signature:
Date:	
<b>Team Member 5</b>	
Name (please print):	Signature:
Date:	
<b>Team Member 6</b>	
Name (please print):	Signature:
Date:	

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### PROJECT INFORMATION FORM

Title
Abstract (max 250 words)

**Goals and Objectives (max 250 words)**

Empty box for writing Goals and Objectives.

**Issue (max 300 words)**

**Population & Methods ( Including Evaluation or Analysis Plan - max 600 words)**



**Knowledge Translation Plan (max 250 words)**

Blank area for writing the Knowledge Translation Plan.

**Who is the Target Audience for the Results of your Research? (please list all applicable audiences)**

**Roles of the Project Team (max 250 words)**

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## BUDGET AND JUSTIFICATION

Name of Research Project:		
Budget Item	Budget	Justification/Budget Details
<b>1. Personnel Costs and Honorarium</b>		
<b>2. Supplies</b>		
<b>3. Travel</b>		
<b>4. Knowledge Translation Activities</b>		
Required Project Video		
<b>5. Other</b>		
<b>TOTAL</b>		