

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 <input type="checkbox"/> No <input type="checkbox"/>		
If you answered YES to the question above, please indicate the application deadline of the previously submitted proposal:		
Dec 2013	Feb 2014	March 2014
Oct 2014	March 2015	Oct 2015
Feb 2016	Oct 2016	Feb 2017
<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>		
All research involving human beings requires ethics approval. Does your organization (or partner organization) have a Research Ethics Board? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Principal Applicant (This individual will be our primary contact and receive the funds at the address given)		
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):		

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

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

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

Goals and Objectives (max 250 words)

Empty box for writing Goals and Objectives.

Issue (max 300 words)

Population, Methods and Evaluation Plan (max 600 words)

Empty text area for writing the Population, Methods and Evaluation Plan.

Knowledge Translation Plan (max 250 words)

Empty space 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
1. Personnel Costs and Honorarium		
2. Supplies		
3. Travel		
4. Knowledge Translation Activities		
Required Project Video		
5. Other		
TOTAL	\$0.00	