

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							
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
<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	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):							

Team Member 1		
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:
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:	

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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 and Evaluation Plan (max 600 words)

Population, Methods and Evaluation Plan (continued)

Knowledge Translation Plan (max 250 words)

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

Roles of the Project Team (max 250 words)

