

The \$15K Challenge Application for Project Funding

ADMINISTRATIVE DETAILS FORM

Grant Details				
Project Title:				
Grant Amount Requested for Research 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 which \$15K Challenge Cycle(s):				
Round	Winter	Year	2014	2016
	Fall		2015	2017
<p><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></p>				
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 (Including Evaluation or Analysis Plan - max 600 words)

Empty text area for Population & Methods (Including Evaluation or Analysis Plan - max 600 words)

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)

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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		