

**Department of Obstetrics & Gynaecology**

Finance Committee

Academic Enrichment Fund

Project Funding Application Form

**GRANT APPLICATION –**

**Deadline: Jan 1<sup>st</sup>, April 1<sup>st</sup>, July 1<sup>st</sup> and Oct 1<sup>st</sup> of each year**

Principal Investigator:	Mailing Address/Phone/Fax:
Email:	
Co-Applicants:	
Title of Project:	
Amount of Funds Requested:	

Location of Research Study: \_\_\_\_\_

Is a current Ethics approval form attached:

Not Applicable

Standing Committee on Human Ethics

YES NO

Applied for:

Council on Animal Care

YES NO

Applied for:

Applicant:	Finance Chair Approval:
Date:	Name: Date:

1. List other funds (a) applied for, and (b) received as they relate to this application. Give agency, amount, title of projects, and role. Include funds from other trust funds. All applications must be indicated, whether or not they have been approved.

a) Funding Applied for:		
Agency:	Amount:	Title:

  

b) Funding Received:		
Agency:	Amount:	Title:

1. Please provide an outline of the proposed Project Fund request on not more than Two (2) attached pages using a 12 pitch font (APPENDIX “A”), single spaced.

The outline should include the following as applicable:

- 1) purpose of the research/equipment needs/educational course
  - 2) background information
  - 3) hypothesis and formulation of the objective
  - 4) experimental plan or design, including pitfalls
  - 5) expectations, including for example: audience, distribution (web page, book etc.)
2. Please provide a proposed budget, including Budget Justification, for the Project Fund request (APPENDIX “B”)
  5. If this is an application for support of a graduate student, please provide details concerning: CV, role on project, their advisory committee, and your supervising experience (APPENDIX “C”).

**APPENDIX A**  
**Department of Obstetrics & Gynaecology**  
**AEF Project Fund Application**

**OUTLINE**

APPENDIX B  
**Department of Obstetrics & Gynaecology**  
**AEF Project Fund Application**

**PROPOSED BUDGET**

Name of Applicant: \_\_\_\_\_

Provide estimates for a FULL YEAR. Amounts must be in Canadian funds.

RESEARCH STAFF	FTE	Amount
Technicians		
Other (please specify)		

RESEARCH TRAINEES	FTE	Amount
Postdoctoral Fellows		
Graduate Students		
Summer Students		

MATERIALS, SUPPLIES AND SERVICES	Amount
Equipment	
Animals	
Expendables	
Services	
Meeting/Organizational Costs	
Art Work/Publication Costs	
Other (please specify)	

TOTAL REQUEST: \$ \_\_\_\_\_

**APPENDIX B (continued)**  
**BUDGET JUSTIFICATION**

**APPENDIX C**  
**Department of Obstetrics & Gynaecology**  
**AEF Project Fund Application**

**APPLICATION FOR SUPPORT OF A GRADUATE STUDENT**

1. Please attach a curriculum vitae, academic records of the student.
2. Indicate the role the student will play in the proposed research.

3. Provide the names of his/her advisory committee (if known).

4. Provide an outline of your service on student supervisory and/or examining committees for the last 5 years. Specify the number of Masters or PhD students who had their training with you.

5. Sponsors' Letters of Support for Graduate Student:

Please attach letters of support from two sponsors for this student.

**Instructions for sponsors:** Please indicate the period of time and in what capacity you have known the candidate. Elaborate on the candidate's performance during research training. Please provide specific examples of behaviour with respect to the following: critical thinking, independence, perseverance, originality, organizational skills, interest in discovery, and research ability.