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|  |  | **Office of Research Services  Office of Research Partnerships & Innovation**  CK 227 Centre for Kinesiology, Health, and Sport  Phone: 306.585.4986 | Fax: 306.585.4893  [www.uregina.ca/research](http://www.uregina.ca/research) | [research.services@uregina.ca](mailto:research.services@uregina.ca) |
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**President’s Research Seed Grant**

**for health, science, and engineering**

*Application Form*

Use Microsoft Office to complete, save and print this form. Forward to [research.services@uregina.ca](mailto:research.services@uregina.ca)

by **May 15** at 11:59pm.

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| **Research Project and Team** | | | | |
| principal applicant | dept/faculty/centre/institute | | tenured/tenure track/postdoc/APT | |
|  |  | |  | |
| co-applicant(s) | dept/faculty/centre/institute | | Tri-Agency Program Area (CIHR or NSERC) | |
|  |  | |  | |
| project title | | | | |
|  | | | | |
| start date | | estimated end date | | amount requested (maximum $6,000) |
|  | |  | | $ |
| **Certifications/Approvals** Indicate if the project involves research with human subjects, animals or biohazards that requires certifications. | | | | |
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| **Budget**  See the Guidelines for a table of Eligible Expenses. | | |
|  | **amount ($)** | **Justification:** Briefly explain the associated costs for each budget item and justify them in terms of the needs of the research project. |
| **personnel – students** | $ | Mode of payment (salary or stipend):  Rate of pay and duration:  Explanation of pay amount:  Additional sources of funding (if applicable): |
| **personnel – non-students** | $ |  |
| **travel** | $ |  |
| **supplies and equipment** | $ |  |
| **other (specify)** | $ |  |
| **TOTAL FUNDS REQUESTED** | $ |  |
| **Additional Funding**  If you have, or are seeking, additional funds for this project, please indicate the funding source, amounts, and what activities or costs those funds will support. Provide a brief justification for the need for additional funding from this research seed grant. This is not intended for the follow-up funding, but activities related to this specific initiative. | | |
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| **Attachments** | |
| Attachments must in **Times New Roman, 12 point font** with **minimum margins of 3/4”** or **1.87cm**. | |
| **Research Plan** | Describe the proposed research project, using the following headings:   * **Objectives**. Outline the key research question(s) or objective(s). * **Context**. Situate the proposed research in the context of the relevant scholarly literature and/or provide the theoretical framework. * **Methodology**. Describe the proposed research approach and key activities, including timelines. * **Impact**. Describe the significance of the work or expected contribution to the existing body of knowledge in the field. * **Team member(s).** Describe roles and responsibilities of the research team members, including students. Explain why the researchers are well suited to undertake the activities. * **Potential to secure external funding**. Describe how this research endeavor will position you to leverage external funding. Outline what follow-up funding you anticipate, including what application(s) you intend to submit with details on funding agency, program, amount and dates.   Refer to the Assessment criteria in the Guidelines to ensure all criteria are adequately addressed.  Maximum of 3 pages. Excessive pages or additional attachments will be removed and not considered. |
| **List of References** | Maximum of 1 page. |
| **Current CV(s)** | For the applicant and co-applicant(s), attach a current CV focused on the research contributions.   * It must be in a format accepted by the Tri-Agency or funder for which external funding will be sought. For example, Canadian Common CV, NSERC Form 100 & research contributions, SHRF, etc. * If using the Canadian Common CVs, select [Preview] and submit the resulting pdf which is “draft”. * Consult a Research Facilitator in the Research Office for guidance, if needed. |

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| **Signatures and Approvals** | | |
| Approvals are required from the Department Head (if applicable) and Dean/Director (or designate) for the principle applicant. Scanned or electronic signatures are acceptable, or a hard copy of signatures can be delivered to the Office of Research Services by 4pm on the deadline date. While approvals are not required for co-applicants, Faculties will be notified of their participation in the application. | | |
| **Applicant:**   * have read the research proposal and agree to participate as a member of the research team as outlined; * verify they have the necessary time and facilities to carry out the research; and * agree to comply with UofR policies and procedures and the terms and conditions of this funding program. | | |
| Principal Applicant - please print name | signature | date |
| **Department Head and Dean (or Associate Dean or Director):**   * have read the research proposal and agree that the award obligations can be fulfilled; * verify that the applicant has the necessary time and facilities to carry out the research; and * agree that resources identified in the proposal will be available to complete the project. | | |
| Department Head – please print name(s) | signature(s) | date |
| Dean or Associate Dean or Director – please print name(s) | signature(s) | date |