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**Collaborative Research Grant Application**

Do not complete a ROLA for this application. If you are successful, a ROLA will be initiated for you at that time.

To submit an application, either:

1. Complete this application, sign it electronically, have your Chair sign it electronically, create a pdf, and email it to [socsci-researchofficers@uwo.ca](mailto:socsci-researchofficers@uwo.ca).
2. Complete this application, print it, sign it, have your Chair sign it, and bring it to the Dean’s Office.

#1 is the most definitely preferred option.

If you have any questions, please direct them to [socsci-researchofficers@uwo.ca](mailto:socsci-researchofficers@uwo.ca).

**Part 1: Research Team**

**1.1. Principal Investigator (primary appointment in Faculty of Social Science)**

|  |  |  |  |
| --- | --- | --- | --- |
| PI Name: |  | Department: |  |
| E-mail: |  | Telephone: |  |
| Rank: | Full Professor  Associate Professor  Assistant Professor  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**1.2. Co-Investigators (primary appointment in Faculty of Social Science)**

|  |  |  |  |
| --- | --- | --- | --- |
| Co-PI Name: |  | Department: |  |
| E-mail: |  | Telephone: |  |
| Rank: | Full Professor  Associate Professor  Assistant Professor  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Co-PI Name: |  | Department: |  |
| E-mail: |  | Telephone: |  |
| Rank: | Full Professor  Associate Professor  Assistant Professor  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Co-PI Name: |  | Department: |  |
| E-mail: |  | Telephone: |  |
| Rank: | Full Professor  Associate Professor  Assistant Professor  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Co-PI Name: |  | Department: |  |
| E-mail: |  | Telephone: |  |
| Rank: | Full Professor  Associate Professor  Assistant Professor  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Co-PI Name: |  | Department: |  |
| E-mail: |  | Telephone: |  |
| Rank: | Full Professor  Associate Professor  Assistant Professor  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Co-PI Name: |  | Department: |  |
| E-mail: |  | Telephone: |  |
| Rank: | Full Professor  Associate Professor  Assistant Professor  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**1.3. Collaborators**

|  |  |  |  |
| --- | --- | --- | --- |
| Collaborator Name: |  | University and Department: |  |
| Rank: | Full Professor  Associate Professor  Assistant Professor  Other \_\_\_\_\_\_\_\_\_\_ | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Collaborator Name: |  | University and Department: |  |
| Rank: | Full Professor  Associate Professor  Assistant Professor  Other \_\_\_\_\_\_\_\_\_\_ | | |

**Part 2 – Application Details**

|  |
| --- |
| Title of the application: |
| If you were to submit this to one of the Tri-Councils, which would it go to? |
| Total amount requested (maximum of $10,000): |

**Part 3 – Previous Funding**

|  |
| --- |
| Did you apply to any internal funding program in the last 12 months? Yes No |
| If yes, were you successful? Yes No |
| Do you currently hold external research funds? Yes No If so, are they related to this application? Yes No |
| Will the current project support students? Yes No If yes, how many and at what level? |
| Does this project require: Human Ethics Animal Use Biohazards  If yes, provide protocol number: \_\_\_\_\_\_\_\_\_ |

**Part 4: Proposal: Follows the Signature page (see end of application)**

|  |
| --- |
| Please write a 3 page maximum (12 pt Times New Roman) description of the proposed project.  Use the following headings:  1. Research Team  2. Objectives  3. Impact and Significance of Proposed Research (for the relevant research field)  4. Methodology  5. Anticipated Outcomes and Scholarly Outputs (expected articles, presentations, knowledge mobilization)  6. Contribution to training of HQP (Highly Qualified Personnel)  7. Relationship to Research Programs (how this enhances the research programs of the PI and Co-PIs). Include relationship to your currently funded (external or internal) research. |

**Part 5: Budget: Please fill in the budget form below**

|  |  |  |
| --- | --- | --- |
|  | **Additional Details** | **Amount** |
| **Salaries and Benefits**  *(e.g., Graduate Students, Technicians)* |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Materials and supplies:** |  |  |
| **Travel:** *(in accordance with Western Policies)* |  |  |
| **Dissemination:**  *(Publication costs, workshops, etc.)* |  |  |
| **Equipment:**  *Equipment and computing needs are eligible for support only if critical to the research goals and the need is clearly documented. Equipment purchased with these funds remains the property of the University as per Western's policy with respect to ownership and disposition of equipment.* |  |  |
| **Other Expenses (specify):** |  |  |
| **Total Amount Requested:**  *The maximum allowable request is $10,000.* |  |  |

**Part 6: Budget Justification: Follows the Proposal (at end of application)**

|  |
| --- |
| Please write a justification for your budget. Use a maximum of 1 page. |

**Part 7: Funding**

| **Abbreviated CV Summary for PI** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Funding Sources:** | | | | | | |
| Surname and initial(s) of Principal Investigator and Co-investigators | Project title: | Project period: *Research* ***–*** *start and end date Travel* ***–*** *date of conference* | Funding agency or internal funding program | Type of support requested  (i.e. research, strategic, equipment, etc.) | Funds requested or received | Status  (i.e. awarded, denied, pending) |
| **a) Support held in the past 5 years, but now complete:** | | | | | | |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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| **b) Current Support:** | | | | | | |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **c) Support applied for (pending and denied):** | | | | | | |
|  |  |  |  |  |  |  |
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**Part 8: Highly Qualified Personnel**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student Supervision and HQP Training for PI:** | | | | | |
|  | **Currently** | | **Over the past five years (excluding the current year)** | | **Total Number** |
|  | **Supervised** | **Co-supervised** | **Supervised** | **Co-supervised** |
| Undergraduate |  |  |  |  |  |
| Master’s |  |  |  |  |  |
| Doctoral |  |  |  |  |  |
| Postdoctoral |  |  |  |  |  |
| Others |  |  |  |  |  |
| Total Number |  |  |  |  |  |

**Part 9: CVs: Please attach full CVs for each member of the Research Team at the end of this application.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of PI: |  | Signature of Departmental Chair |  |
| Date: |  | Date: |  |

1. Research Team

2. Objectives

3. Impact and Significance of Proposed Research

4. Methodology

5. Anticipated Outcomes and Scholarly Outputs

6. Contributions to training of HQP (Highly Qualified Personnel)

7. Relationship to Research Programs

**Budget Justification**

CV’s here (PI and Co-PIs)