

For Internal Use Only	Number
	Date Received

Application for Research Project
(Must Accompany All Submissions)

1. Primary Cambrian Investigator

Applicant Name (Last, First)	Extension	E-mail
Department		

2. Co-Investigators (Attach Additional Page if Needed) and their Affiliated Institution(s)

Name (Last, First)	1.	2.
Mailing Address		
Telephone Number	() () – (), Ext.	() () – (), Ext.
Fax Number	() () – ()	() () – ()
E-mail		

3. Project Information

Type of Submission:	
New Project <input type="checkbox"/>	Extension of Existing Project <input type="checkbox"/> Letter/Notice of Intent <input type="checkbox"/>
Type of Funding Requested:	
Grant <input type="checkbox"/>	Contract <input type="checkbox"/> Sub-Grant or Sub-Contract <input type="checkbox"/>
Other <input type="checkbox"/> Please Specify	
Sponsor/Funding Agency:	
Submission Deadline	Electronic Submission to Sponsor: Yes <input type="checkbox"/> No <input type="checkbox"/>
Title	

Start Date	End Date	If this is a request for extension, please provide reasons:
Purpose (1 to 2 sentences)		
Relevance and significance in relation to the College's Strategic Plan		
Project Description including Research Methodology		

Project workplan and time lines

Required Attachments – Provide all that are applicable

- Projected results and benefits (1 to 2 pages)
- Posters or advertisements used to recruit subjects
- Copy of research instruments such as survey, questionnaires, etc.
- Method of informing participants, gaining consent and method of permitting withdrawals (½ page)
- Ethical considerations (1 to 2 pages)
- Intellectual property considerations

4. Budget

Under activity, identify applicable cost categories such as wages, consulting costs, materials, project management, equipment costs, etc.

Indirect costs (overhead) must be included for all research grants (where allowed by sponsor), all industrial grants and all contracts. Standard indirect cost recovery applies. **If not**, provide proposed reason for deviation from Cambrian guidelines.

Activity	Direct Costs	Indirect Costs/ In-Kind Costs	Total Costs

Special Indirect Cost Split <i>When the Primary Investigator and Co-Investigators are from different departments and/or faculties and/or institutions</i>	PI:	%
	Co-PI:	%

5. Partner Funds

Are matching Partner funds included in the Budget? Yes No

If **yes**, list the source and level of support:

Source	Amount

Has the proposal been reviewed by an external review/research committee? Yes No

Have any of the matching or additional Partner funds been leveraged in another application/proposal?
 Yes No

If **yes**, provide details:

6. Involvement of Other Institutions (Complete only if the project involves another institution)

**If you answer Yes, an Inter-Institutional Agreement will be required.*

Will funds from the proposed activity be sent by Cambrian to any other institution(s) or organization(s)?
 Yes No

If **Yes**, list amount(s) and provide information below for each institution – attach additional page if needed.

Name (Last, First)	Institution	Department
E-mail	Telephone Number	Amount
Mailing Address		

7. Certifications and Risk Declaration

Which of the following apply to the proposed research activity?

<p>Live, Non-Human Vertebrate Animals and Animal Tissues (conducted on or off-campus). If Yes, (AUP Form) is required. Provide AUP# if the project has ethics approval.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>AUP# <input style="width: 80px;" type="text"/></p>
<p>Human Participants, Human Tissue/Fluids, Observational Recording and Secondary Data not in public domain (conducted on or off-campus)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Biohazardous Agents If Yes, Safety, Security and Support Services Office approval is required.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Environmental Impact (also required for field work). If Yes, complete Appendix A and Appendix B of NSERC Form 101. www.nserc.gc.ca/professors_e.asp?nav=profnav&lbi=p7#6 Attach completed appendices to this application and submit to the Department of Planning and Research.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Is there a conflict of interest (real or potential) involving any of the Investigators involved in this proposal? If Yes, complete a Conflict of Interest Disclosure Form as describe under the policy and follow the instructions. Once approved, send a copy of the form and approval to the Department of Planning and Research.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Is there any other known risk(s) associated with this activity? If Yes, provide a summary explaining how any risks will be minimized and attach as an Appendix. Please include the following details (all those applicable):</p> <ul style="list-style-type: none"> ▪ Procedures to be followed, including how subjects' integrity and health are protected ▪ Ease at which participants may refuse consent or withdraw from participation ▪ How anonymity and confidentiality will be protected ▪ How records will be secured/destroyed ▪ How undue influence over subjects avoided in case of power relationships 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

8. Cambrian Signatures

Primary Investigator (Print Name)	Date	Signature ¹
Co-Investigator(s) (Print Name)	Date	Signature
Faculty Dean(s)/Dept. Director (Print Name)	Date	Signature

<p>Department – Planning & Research</p> <p>The College will administer the project in accordance with:</p> <ul style="list-style-type: none"> i) Its guidelines and policies; ii) Terms and Conditions of the agreement/sponsor guidelines 		
Signing Authority (Print Name)	Date	Signature



¹ Expenses (travel reimbursement, etc.) should be paid in a timely manner when the primary investigator is absent from campus. By signing this document, the Primary investigator delegates signing authority to his/her Chair, Director, or delegate(s) for the accounts associated with this grant/contract when he/she is absent from campus for an extended period.