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**Funding Organization:** WE-SPARK Health Institute

**Program Name**: Incentive Grants

Application

## **Rolling Application Deadline**

## Please submit 1 copy of this application form completed and signed together with **copies of the application submitted, reviews, ratings and comments** received from your initial application.

## For **University of Windsor, Windsor Regional Hospital, and Hotel Dieu Grace Healthcare** applicants – please submit full application package to [Ingrid Qemo](mailto:iqemo@uwindsor.ca) (Office of Research & Innovation)

## For **St. Clair College applicants** – please submit full application package to [Peter Wawrow](mailto:pwawrow@stclaircollege.ca) (Applied Research and Development Office)

**Investigator Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname, Given name: |  | Institution: |  |
| Faculty/ Department: |  | Email: |  |

**Agency and Program that the original application was submitted to (ex. CIHR Project Grant Spring 2021):**

**Project Information**

1. **Title:**
2. **Start Date:**
3. **End Date:**
4. **Keywords:**
5. **Certifications required:** *Certification is a prerequisite for access to funds.*

Biohazards

Human Subjects

Vertebrate Animals

Radioisotopes

No compliance area

If your project is approved, please enter the certification number: \_\_\_\_\_\_\_\_\_\_

**1. Plan to Address Reviewer Comments (Maximum 1 page)**

Provide a brief outline of your plan to address the major issues/concerns raised in the reviewers’ comments. Justify the needs for this funding.

**2. Budget Details & Justification (Maximum 1Page)**

1. Itemize budget items and provide a rationale on funding use. You may request a maximum of $20,000 for the Incentive Grant.

|  |  |
| --- | --- |
| **Direct costs of research** | **Total** |
| Salaries (e.g., short-term positions) |  |
| Materials and supplies |  |
| Equipment or facilities (up to $2,000) |  |
| Other (e.g., participant incentives, gifts for Indigenous Elders): |  |
| **Knowledge translation costs** | |
| Publications |  |
| Other: |  |
| **Total Request** |  |

1. **Funds from Other Sources** (*if any*; *for the same project*): Please identify the amount of cash contributions from other sources and differentiate how these will be used compared to the funds from the Incentive Grant.

Declaration of the Principal Investigator

* I will resubmit an application within the next two intake cycles for the program.

o **Expected resubmission date**:

* I will submit to respective Research Offices (either St. Clair College or University of Windsor) a revised grant four weeks prior to the targeted deadline for internal review and to take advantage of reviews resulting therefrom.
* I will abide by institutional policies and procedures governing research, including animal care, use of human subjects, radioisotopes, controlled goods & technology, and biohazards.
* I will use the grant only for the purpose for which it is awarded.
* The information provided in the application is complete and accurate.
* I fully understand and accept the reporting obligations and other deliverables associated with this grant, including submission of a final report to my respective Research Office within six (6) months of completion of this award.

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Principle Investigator’s Signature Date