

Expression of Interest – Funded Research Application Request Form

PROJECT INFORMATION	
Project Title	
Principal Investigator/Project Lead* (<i>*Director, Research serves as Institutional Applicant</i>)	
PI Faculty/Department	<input type="checkbox"/> FAST <input type="checkbox"/> FAAD <input type="checkbox"/> FAHCS <input type="checkbox"/> FHASS <input type="checkbox"/> PSB <input type="checkbox"/> Other (please specify) Department:
Co-Investigator(s) and Faculty/Department, if applicable <input type="checkbox"/> Not applicable	Name(s): Faculty/Department: <input type="checkbox"/> FAST <input type="checkbox"/> FAAD <input type="checkbox"/> FAHCS <input type="checkbox"/> FHASS <input type="checkbox"/> PSB <input type="checkbox"/> Other (please specify) Department:
Sheridan Research Centre Affiliated with Project	<input type="checkbox"/> CMI <input type="checkbox"/> CER <input type="checkbox"/> SIRT <input type="checkbox"/> CAMDT <input type="checkbox"/> CMTF <input type="checkbox"/> EDGE <input type="checkbox"/> Not applicable. Please explain:
Industry/Community Partner(s) <input type="checkbox"/> Not applicable	Name(s):
Industry/Community Partner Details <i>(Mandatory only for NSERC and OCE)</i> <input type="checkbox"/> Not applicable	1. Legally Registered in Canada: <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Minimum Two Full-time Employees: <input type="checkbox"/> Yes 3. In Business Minimum of Two Years: <input type="checkbox"/> Yes 4. Partner(s) have committed required cash and/or in-kind: <input type="checkbox"/> Yes
Industry/Community Partner Relationship <i>(Mandatory only for NSERC Engage.)</i> <input type="checkbox"/> Not applicable	Has this industry partner been involved with Sheridan in previous research collaborations (including capstone projects)? For NSERC Engage grants, industry partners must be first time collaborators. <input type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Project Start Date	
Anticipated Project End Date	

GRANT INFORMATION	
Funding Agency	<input type="checkbox"/> NSERC <input type="checkbox"/> CIHR <input type="checkbox"/> Ontario Government <input type="checkbox"/> SSHRC <input type="checkbox"/> OCE <input type="checkbox"/> CFI FedDev <input type="checkbox"/> Other (please specify)
Grant Program	
Grant Program Submission Deadline	Deadline: or <input type="checkbox"/> Continuous Intake
Grant Agency Funds Requested* <i>*Where eligible, Overhead must be included (typically 20% of grant)</i>	\$
PROJECT DESCRIPTION	
Project Summary (250 words)	

PROJECT DESCRIPTION - continue

**Benefits to Students/
Link to Curriculum
(150 words)
*Please include program
names and/or course codes***

**Please describe the plan to
integrate results into
programs and/or curriculum
(150 words)**

PROJECT RESOURCES

Will this project require new equipment and/or software to be purchased/installed	<input type="checkbox"/> No <input type="checkbox"/> Yes (Please describe)	
Will this project leverage equipment/software from elsewhere (e.g. donation, in-kind, from other Sheridan resources)	<input type="checkbox"/> No <input type="checkbox"/> Yes (please describe)	
Proposed Location of Research (if applicable) <input type="checkbox"/> Not applicable	<input type="checkbox"/> Student Lab work	Campus/Room#:
	<input type="checkbox"/> Equipment Set up/Storage	Campus/Room#:
	<input type="checkbox"/> Experiment Set Up	Campus/Room#:
	<input type="checkbox"/> Other (specify)	
If Applicable, please identify any Sheridan Commitments <i>(not covered by grant; cash contributions are typically NOT applicable)</i>	Cash: \$ _____ In Kind: \$ _____ <i>In-Kind examples:</i> <i>Lab Facilities/Equipment Use</i> <i>Staff Resources, Lab Techs, etc.</i> <i>Supplies/Consumables</i>	Not applicable Not applicable

ADMINISTRATIVE DETAILS

Research Ethics	Will this research involve human participants, and therefore require ethics approval? <input type="checkbox"/> No <input type="checkbox"/> Yes
Faculty Time <input type="checkbox"/> Not applicable (no additional time required)	Course Release: No Yes <input type="checkbox"/> Number of Faculty: <input type="checkbox"/> Total number of courses per year per faculty member: Covered by Grant: <input type="checkbox"/> Yes <input type="checkbox"/> No* <i>*SSHRC grants do not cover course release.</i> Other Faculty time (please specify)

Principal Investigator Signature

Signature*	
Date	
<i>* I acknowledge that if the funding application is successful, I may be required to sign an Employee Participation Agreement that defines Intellectual Property terms for the project. I also acknowledge that I have read and understood Sheridan's policies related to undertaking research, including Research Integrity, Conflict of Interest, Human Participants, Academic Freedom, Purchasing and Procurement, and Intellectual Property.</i>	

Required Signatory Approvals

Associate Dean Name	<input type="checkbox"/> I approve <input type="checkbox"/> I do not approve Please explain:
Signature	
Date	
Dean/Manager Name	<input type="checkbox"/> I approve <input type="checkbox"/> I do not approve Please explain:
Signature	
Date	
Research Centre Director Name <i>(if applicable)</i>	<input type="checkbox"/> I support <input type="checkbox"/> I do not support Please explain:
Signature	
Date	

When completed, please forward to: mai.saleh@sheridancollege.ca

Director, Research	Dr. Vicki Mowat
Signature	
Date	