

Application

**in application of the St. Joseph's Healthcare Foundation Research Collaboration Grant
Research Institute Award Program**

CO-APPLICANT 1 CONTACT INFORMATION

Name and Title: Title First Name Last Name

Research Institute Affiliate Status:

Research Program Area: Campus: Charlton West 5th King

CO-APPLICANT 2 CONTACT INFORMATION

Name and Title: Title First Name Last Name

Research Institute Affiliate Status:

Research Program Area Campus: Charlton West 5th King

CO-APPLICANT 3 CONTACT INFORMATION

Name and Title: Title First Name Last Name

Research Institute Affiliate Status:

Research Program Area: Campus: Charlton West 5th King

PROJECT INFORMATION

Title of Research Project:

Research Category:

Systematic Investigation Basic Research Applied Research Experimental Development

Research Area:

Project Start Date: dd/mm/yyyy Expected Project Completion Date: dd/mm/yyyy

Background Preparation – Describe briefly the background preparation on why and how this project was initiated. (do not exceed the box area)

Research Executive Summary – Describe your research. State the research objective(s), the methodology, the expected scholarly significance, and the relationship of the project to your previous work and to current knowledge in the field. Please explain what you hope to accomplish during this monetary award period. (do not exceed the box area)

Outcome: Impact to Patient Care or Health Care Please describe how the research project relates to patient care or health care, and its potential impact as a result of this project (do not exceed box area)

Proposed Budget – attach your budget describing how this grant would be spent

SIGNATURE OF CO-APPLICANTS

We hereby sign that all of the information and contents contained with this application is true and understand falsification of any copy or document will result in immediate termination of the application.

Signature of Co-applicants	Date
Co-applicant 1	
Co-applicant 2	
Co-applicant 3	

ATTACHMENTS

- Co-applicants CVs
- Copies of any “submitted” papers and proof of acceptance for papers listed as “in press” that relate directly to this project proposal
- Budget

SUBMISSION

The Application is a pdf form. You must have Adobe Acrobat 8 or higher to save and manipulate the document as follows (Adobe Reader is not sufficient):

1. Print off the Application, sign it where noted, scan it to a pdf, then save the Application pdf
2. Scan your budget to a pdf, then insert the budget after the Application pdf
3. Insert applicant and co-applicant's CV's pdf at the end of the Budget pdf
4. Scan to pdf any submitted papers and/or proof of acceptance for in press papers and insert after the final CV pdf
5. Save your final combined pdf as: *"Last Names of Co-applicants" Collaborator Grant APP*
6. E-mail the combined and final pdf Application to research@stjoes.ca

CONTACT INFORMATION

The Research Institute of St. Joe's Hamilton
Research Administration
50 Charlton Ave. East - Room H315 Martha Wing
Hamilton ON L8N 4A6
Tel: 905 522 1155 ext. 35128
E-mail: research@stjoes.ca