## **Inter-University Research Network Funding Application 2023-24**

Review the *Guidelines and Application for Funding* prior to completion of the application.

About the Project:							
Title:							
Preferred Start Date:							
Preferred End Date:							
Amount Requested:							
About the Research Team:							
Name and Contact Information		Institution/Agency	email	email		Phone Number	
Principal Investigator:							
Team member							
Team member							
About the Partners:							
Name		Organization		Role			
Details of all relevant externa	al sup	pport currently held	(grant:	s, contr	acts, e	tc.):	
Title		Agency			Amount		Term
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## Details of all relevant external support for which you have made an application: **Title** Amount Date of Date of Agency Request Announcement **Details of funding request: EECD Funding (\$)** Other Funding (\$) Sub-total (\$) **Budgetary Item Undergraduate Assistants** Other Research Assistants Travel and Meals **Expendable Supplies Meeting Costs** Other, please specify: **Total** Signature of Applicant Date Signature of Department Chair (if applicable) Date Checklist for applicants: • complete and sign Inter-University Research Network funding application attach abbreviated curriculum vitae or resume attach written project proposal (maximum four pages) see Guidelines and Application for Funding

- document
- current criminal record check and child-abuse registry check
- copy of current ethics review committee approval

