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|  | V2019118 |

**APPLICATION FOR AY VANCOUVER RESEARCH GRANT**

**Complete all sections of the research grant application form. Incomplete applications will not be considered.**

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| **1.** | **APPLICANT** | Your most reliable email address: | |
|  | Your title: Choose one | Your surname: |  |
|  | Gender: Choose one | Your given name(s): |  |
|  | Will you will be working with any additional individuals: | | Yes No |
|  | Your most advanced academic degree (e.g., PhD, MA, MSc, etc.): | | |

1. **RESEARCH PROJECT** Affiliation Program Area: Choose one

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| --- | --- | --- | --- | --- |
| Title of your project: | | | | |
| Short summary of project: | | | | |
| For each co-researcher, provide: Name | Title | Where Employed: | | | | |
| Estimated budget of your project: | TOTAL ($ 5,000 max\*) | $ for personnel costs | $ for expenses | | | |
| Give 3 - 5 keywords for your project: |  |  | |  |
|  | |  | |

1. **SIGNATURES *This page*** must be signed by the Applicant and signed by the Assistant Dean of the affiliated program. ***Send*** a completed version of signed first page **together** with the filled in application form to the Campus Dean for grant consideration. Please ***keep*** a copy of the completed grant application for your records.

By signing this application you declare the validity of your research intentions, integrity in the request, and agree to your details being stored.

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| Applicant’s signature: |  | Date: |
| **I, the Associate Dean of** Choose | one**, declare:** |  |
| * *that the above-named Applicant is in good standing;* * *that the department supports this Application and will make its resources available to the Applicant for the duration of the project if he/she receives a grant;* * *that I have read this Application in its entirety.* | | |
| Associate Dean's signature: |  | Date: |
| Name, title and official position: |  |  |

*(Please type)*

PROPOSED RESEARCH PROJECT

* 1. **What is/are the problem(s) your research project seeks to address?**
  2. **State the research objective(s) of the project**
  3. **State your scientific hypotheses or research question(s)**
  4. **State the expected outputs of the project (its deliverables, i.e., what will be achieved at the end of the project)**
  5. **Describe any co-benefits to NYIT that can result from this project (e.g., marketing, student experience, curriculum development, etc.).**
  6. **Your research plan**

Explain this project in detail on attached sheets (maximum of two double-spaced pages below; supporting materials may be attached)**.**

**Your research plan (continued)**

* 1. **Time schedule for your research project**

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| --- | --- | --- |
| How long will your project last? |  | months |
| When do you wish to start your project? | / | (MM/YYYY) |

* 1. **Does this project involve research with human or animal subjects?** Yes No

(If yes, attach copies of IRB or IACUC approval/exemption, or indicate whether such approval/exemption is pending.)

ESTIMATED BUDGET IN CAD

List cost estimates for your project (2.1-2.6) and explain the necessity of all major items (2.7) relevant to the research plan.

* 1. **Equipment** (Specify each item) **COST IN CAD**

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| Estimated freight charges, insurance, tax for items to be imported: |  |
| Sub-total: |  |

* 1. **Expendable supplies (Software, books, etc.;** provide details on, significant items)

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| Estimated freight charges, insurance, tax for items to be imported: |  |
| Sub-total: |  |

* 1. **Literature, documentation, information**

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| Sub-total: |  |

* 1. **Costs for services** (Student Support Services, grad student payment, etc.)

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| Sub-total: |  |

* 1. **Other costs** (provide details)

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| Sub-total: |  |

**TOTAL PROJECT BUDGET (CAD):**

*Note: Maximum budget request is CAD 5,000\**