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Expression of Interest – Funded Research Application Request Form

PROJECT INFORMATION	
Project Title	
Principal Investigator/Project Lead* *(*Director, Research serves as Institutional Applicant)*	
PI Faculty/Department	☐ FAST ☐ FAAD ☐ FAHCS ☐ FHASS ☐ PSB ☐ Other (please specify) Department:
Co-Investigator(s) and Faculty/Department, if applicable ☐ Not applicable	Name(s): Faculty/Department: ☐ FAST ☐ FAAD ☐ FAHCS ☐ FHASS ☐ PSB ☐ Other (please specify) Department:
Sheridan Research Centre Affiliated with Project	☐ CMI ☐ CER ☐ SIRT ☐ CAMDT ☐ CMTP ☐ EDGE ☐ Not applicable. Please explain:
Industry/Community Partner(s) ☐ Not applicable	Name(s):
Industry/Community Partner Details *(Mandatory **only** for **NSERC and OCE**)* ☐ Not applicable	1. Legally Registered in Canada: ☐ **Yes** ☐ **No** 2. Minimum Two Full-time Employees**:** ☐ **Yes** 3. In Business Minimum of Two Years: ☐ **Yes** 4. Partner(s) have committed required cash and/or in-kind: ☐ **Yes**
Industry/Community Partner Relationship *(Mandatory **only** for **NSERC Engage**.)* ☐ 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. ☐ **Yes** ☐ **No**
Anticipated Project Start Date	
Anticipated Project End Date	

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GRANT INFORMATION

Funding Agency	☐ NSERC ☐ CIHR ☐ Ontario Government ☐ SSHRC ☐ OCE ☐ CFI FedDev ☐ Other (please specify)
Grant Program	
Grant Program Submission Deadline	Deadline: or ☐ Continuous Intake
Grant Agency Funds Requested* **Where eligible, Overhead must be included (typically 20% of grant)*	$

PROJECT DESCRIPTION

Project Summary ***(250 words)***	

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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)	

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PROJECT RESOURCES			
Will this project require new equipment and/or software to be purchased/installed	☐ No ☐ Yes (Please describe)		
Will this project leverage equipment/software from elsewhere (e.g. donation, in-kind, from other Sheridan resources)	☐ No ☐ Yes (please describe)		
Proposed Location of Research (if applicable) ☐ Not applicable	☐ Student Lab work	Campus/Room#:	
	☐ Equipment Set up/Storage	Campus/Room#:	
	☐ Experiment Set Up	Campus/Room#:	
	☐ Other (specify)		
If Applicable, please identify any Sheridan Commitments (***not*** *covered by grant; cash contributions are typically NOT applicable)*	Cash: $ Not applicable In Kind: $ Not applicable *In-Kind examples:* *Lab Facilities/Equipment Use* *Staff Resources, Lab Techs, etc.* *Supplies/Consumables*		
ADMINISTRATIVE DETAILS			
Research Ethics	Will this research involve human participants, and therefore require ethics approval? ☐ No ☐ Yes		
Faculty Time ☐ Not applicable (no additional time required)	Course Release: No Yes ☐ Number of Faculty: ☐ Total number of courses per year per faculty member: Covered by Grant: ☐ Yes ☐ No* **SSHRC grants do not cover course release.* Other Faculty time (please specify)		

Principal Investigator Signature

Signature*	
Date	

* 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.

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Required Signatory Approvals

Associate Dean Name	☐ I approve ☐ I do not approve Please explain:
Signature	
Date	
Dean/Manager Name	☐ I approve ☐ I do not approve Please explain:
Signature	
Date	
Research Centre Director Name *(if applicable)*	☐ I support ☐ I do not support Please explain:
Signature	
Date	

When completed, please forward to: research@sheridancollege.ca

Director, Research	Dr. Vicki Mowat
Signature	
Date	