**CTAQ ENDOWMENT FUND**

# APPLICATION FORM - 2020

**1. Name of Principal Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ***(Must be a CTAQ Member in Good Standing)***

**2. Contact Information**

 **E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Complete Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Phone number/Extension of Principal Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Names of Co-Applicants (with departmental affiliations):**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**4. Title of Proposal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Amount Requested (Maximum $20,000): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Applicant Date**

**Each submission must include:**

* This application form and appendices *(see points 5-10)*
* A TRAQ DSS (Award) (<http://www.queensu.ca/traq/signon.html>) **must** be completed for all applications in order to be considered for funding and, if successful, for the administration of the project.  TRAQ will electronically route your application for department head and/or additional review and authorization.  Applicants using hospital resources must allow sufficient time for hospital operations directors’ review and approval. The completed application must be uploaded to the TRAQ DSS application.

*\*\* [When completing the Sponsor tab, the Agency is* ***“Southeastern Ontario Academic Medical Organization (SEAMO)****” and the Program is* ***“Research (CTAQ) Endowment Fund”****] \*\**

**PLEASE SUBMIT THIS APPLICATION FORM AND**

**APPENDICES ELECTRONICALLY TO**

Alison Infante, **CTAQ Secretariat at** **ctaq@queensu.ca**

**In the space provided (no less than 11 POINT FONT) please address the following:**

1. **Background and Rationale**
2. **Provide a statement outlining the hypothesis/aim and/or objectives**
3. **Describe the project and include the specific role of any co-investigators (i.e. research proposal, training program, etc.) in no more than 2 pages.**
4. **Provide a brief outline of how this project is developing your research program and benefiting the Faculty. Please also provide evidence that there is divisional and/or departmental support in time, space, equipment and/or finances to carry out the project (this could include an attached letter).**
5. **Attach a copy of the Ethics Approval either with the application, or as soon as it is received.**
6. **Attach a list of current funding.**
7. **Attach a list of appropriate references.**
8. **Attach a letter of support from your Department Head.**
9. **Attach a current CONCISE copy of the Applicant’s Curriculum Vitae.**
10. **Copies of additional supporting documents may be appended (no more than 3 papers, abstracts etc).**

 FINANCIAL REQUEST

**Provide details of all budgetary items for this research project. (i.e. attach price quotes for major items).**

**DO NOT APPEND ADDITIONAL PAGES**