

Faculty of Health Collaborative and/or Community-based Research Seed Grant Application Form

Applicant Name:		
Applicant Home Unit and/or ORU Affiliation:		
Applicant Email Address:		
Project Title:		
Amount Requested (\$10,000 - \$15,000):		
List of Collaborators (including names and affiliations):	Name	Affiliation
Potential Sources of External Funding and target deadline:		
Attachments	<ul style="list-style-type: none"> • 3-page research project description including objectives, research plan, the theoretical and methodological approach, and project outputs • 1-page budget • CVs of PI and (2) additional researchers/partner representatives (no more than 5 pages each) 	
Signature of PI (electronic signatures accepted):		
Date:		