

# Indigenous Mentorship Network Program – Ontario

## Seed Grant Application Form

For Office Use Only

Date application received:

All necessary documents enclosed: Yes  No

Transcript received: Yes  No

**Important:** Please read the following carefully and make sure all information is enclosed. Applications that do not have all the necessary documents will not be processed.

### CHECKLIST

**Before submitting your application, please ensure that you include:**

- Completed application form
- Your current CV
- Summary of proposed research (2 pages)
- Letter of reference
- Letter from community partner
- Detailed budget

### APPLICANT INFORMATION

Name:

Mailing address:

Telephone:

Email:

Institution:

Department:

Field of study:

Position:

Post-doctoral fellow

New investigator

**Attach a copy of your current CV**

**Summary of proposed research project (maximum 2 pages)**

1. Purpose, goals and objectives of your research project.
2. Description of the methodology.
3. Dissemination plan.
4. Description of how your research will benefit Indigenous communities.
5. Demonstration of Indigenous community/organization support and involvement.
6. Description of how the project will contribute to building health research capacity in Indigenous communities.

**Letter of Reference**

A Letter of Reference from a current or former supervisor, peer or academic mentor must be submitted in a sealed initialed envelope to ensure authenticity. All references will be verified.

**Detailed Budget**

A project budget must be attached that details how the \$5,000 grant will be spent; justification for how each budget item will contribute to the research must be included.

## PROJECT INFORMATION

Project title:

Does the project directly involve humans as research participants?

Yes

No

**Ethics Approval:** *If applicable, please indicate the current status of the ethics approval request.*

Ethics approval requested

Ethics approval letter(s) attached

Ethics approval will be requested

Ethics approval not required

If ethics approval has not yet been obtained or requested, please indicate expected date of application for ethics approval. \_\_\_\_\_

*A copy of ethics approval must be submitted to IMNP-Ontario once obtained.*

## COMMUNITY INFORMATION

It is vital that the project has support from the collaborating Indigenous community(ies) or organization(s). Letters of support from each community and/or organization must be attached.

Community/Organization:

Name of contact person:

Community/Organization:

Name of contact person:

## FUNDING INFORMATION

Other Funding Sources: If you have applied to other sources of funding, please outline the amount applied for and received.

Funding source	Amount applied for	Amount received	Not yet known

I agree to notify IMNP-Ontario should I receive funding from other sources if my application to IMNP-Ontario is successful.

SIGNATURE

All details in this application are true and complete to the best of my knowledge. I accept the terms and conditions applied to any award received through this application.

Applicant name

Signature

Date