**Application for Dietetic Practice-Based Research Grant**

(Duplicate pages 1 and 2 if additional space is needed)

|  |  |
| --- | --- |
| Title of Project |  |
| Total Funds Requested |  |

**Principal Investigators’ Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Principal Investigator |  | Co-Principal Investigator |  |
| Credentials |  | Credentials |  |
| Professional Title |  | Professional Title |  |
| Mailing Address |  | Mailing Address |  |
| Email Address |  | Email Address |  |
| Phone Number |  | Phone Number |  |
| Can. Dietetics  Regulatory Body # |  | Can. Dietetics  Regulatory Body # |  |

**Co-Investigators’ Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Credentials |  | Credentials |  |
| Professional Title |  | Professional Title |  |
| Can. Dietetics  Regulatory Body # |  | Can. Dietetics  Regulatory Body # |  |

**Co-Investigators’ Information Cont’d**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Credentials |  | Credentials |  |
| Professional Title |  | Professional Title |  |
| Can. Dietetics  Regulatory Body # |  | Can. Dietetics  Regulatory Body # |  |

**Sponsoring Institution Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Sponsoring Institution to  administer the Grant Funds: | |  | |
| Institution’s Charitable Registration Number: | |  | |
| **Designated Institution’s Financial Officer to administer the Grant Funds** | | | |
| Name | |  | |
| Official Title | |  | |
| Email | |  | |
| Telephone | |  | |
| Address | |  | |
| Date |  | Signature |  |

**Agreement & Signatures**

Signing this application form constitutes an agreement of the terms and conditions set out in the CFDR Grant Policy and Application Guide.

|  |  |  |  |
| --- | --- | --- | --- |
| **Principal & Co-Principal Investigator** | | | |
| Principal Investigator |  | Co-Principal Investigator |  |
| Signature |  | Signature |  |
| Date |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Department Head/Supervisor** | | | |
| Name |  | Name |  |
| Signature |  | Signature |  |
| Date |  | Date |  |

|  |  |
| --- | --- |
| **Authorized Sponsoring Institution Officer** | |
| Name |  |
| Title |  |
| Email |  |
| Signature |  |
| Date |  |

**Project Details**

|  |  |
| --- | --- |
| Does this project include Human participants?  **Insert: YES / NO** |  |
| If yes, evidence of approval of local review committee must be provided before the grant can be funded. |  |
| Is the approval included or is it pending?  **Insert: INCLUDED / PENDING** |  |
| If the project is funded, when will it begin? |  |
| Intended duration of project?  **Insert: ONE / TWO Years** |  |
| Where will the project be carried out? |  |
| Is there participation of other institutions agencies?  **Insert: YES / NO** |  |
| If yes, attach letters of agreement to collaborate |  |

**Previous Funding Information**

|  |  |
| --- | --- |
| Have you previously received funding from CFDR?  **Insert: YES / NO** |  |
| If Yes, list title of project(s) and year(s) of award(s): | |
|  | |
| Have the final reports been submitted to CFDR?  **Insert: Yes / No / NA** |  |
| If No, provide explanation: | |
|  | |
| List up to 5 Grants held by the Principal Investigator (s) and members of the team in the last 5 years: | |
|  | |