



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	Principal Co-Investigator
Name:		
Credentials:		
Professional Title:		
Mailing Address:		
Email Address:		
Tel. Number:		
Can. Dietetics Regulatory Body # and DC Member #		
	Co-Investigators' Information	
	Co-Investigator (1)	Co-Investigator (2)
Name:		
Credentials:		
Professional Title:		
DC Membership Number [where applicable]:		



	Co-Investigator (3)	Co-Investigator (4)
Name:		
Credentials:		
Professional Title:		
DC Membership Number [where applicable]:		
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:		
Mailing Address:		
Email Address:		
Telephone Number:		



Agreement and Signatures

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

Principal Investigator

Co-Principal Investigator

Name:

Signature: _____

Date:

PI's Department Head/ Supervisor

Co-PI's Department Head/ Supervisor

Name:

Signature: _____

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:

External Reviewers

List 3 Suggestions for External Reviewers

List name, mailing address, telephone, email address and area of expertise.

If more room is required, attached separate sheet to this form. Please adhere to criteria for suggesting External Reviewers.