



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 # and DC Member #		Can. Dietetics Regulatory Body # and DC Member #	

Co-Investigators' Information

Name		Name	
Credentials		Credentials	
Professional Title		Professional Title	
Can. Dietetics Regulatory Body # and DC Member #		Can. Dietetics Regulatory Body # and DC Member #	



Co-Investigators' Information Cont'd

Name		Name	
Credentials		Credentials	
Professional Title		Professional Title	
Can. Dietetics Regulatory Body # and DC Member #		Can. Dietetics Regulatory Body # and DC Member #	

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:	
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.	