\*Before completing the application form, please review the competition guidelines on the program website

\*\*Once completed, please submit the application as a single .pdf file to brainscan@uwo.ca, with “BrainsCAN PDF Collaborative Research Grant Application” in the subject line.

**Section 1: Applicant Information**

|  |
| --- |
| Investigators and Affiliations |
| *Provide the names and roles of all principal investigators, co-investigators, and collaborators, along with their contact information and affiliations (lab and departmental). The team must have at least two lead PDFs from different labs and one faculty supervisor.* |
| **Name** | **Role** | **Email** | **Lab & Departmental Affiliation** |
|       |  |       |       |
|       |  |       |       |
|       |  |       |       |
|       |  |       |       |
|       |  |       |       |
|       |  |       |       |
|       |  |       |       |
|       |  |       |       |
|       |  |       |       |
|       |  |       |       |

**Section 2: Project Details**

|  |
| --- |
| **Project Title**  |
|       |

|  |
| --- |
| **Research Question(s)** |
| *State the research question(s) of the proposed project in 50 words or less.* |
|       |

|  |
| --- |
| **BrainsCAN Cores** |
| *Please select all BrainsCAN Cores that are applicable to this proposal.*  |
| Computational Core: [ ]  | Human Cognition & Sensorimotor Core: [ ]  |
| Imaging Core [ ]  | Non-Human Primate Core: [ ]  | Rodent Cognition Core: [ ]  |
| *If a single core is selected, please provide additional details on the expertise that is being leveraged within that core area.* |
|       |

|  |
| --- |
| **Research Proposal** |
| *Clearly explain the relevant background literature, the proposed project objectives, the methodology to be used, and the anticipated outcomes. Any references should be cited in full at the end of this section and are excluded from the word count restriction of 1000 words.* |
|       |

|  |
| --- |
| **Equipment and Space Requirements**  |
| *Briefly describe all equipment and space needed to complete the project. Along with the equipment identified in the Budget section, applications should include any equipment and space needs that are pre-approved in writing by the appropriate lab supervisors and administrators. Please note: all equipment purchased with internal funds becomes the property of Western University.*  |
|       |

|  |
| --- |
| **Project Timeline** |
| *Describe the timeline for completion of the project. The project must be feasible within the funding period (max. 1 year). At minimum, the timeline should include anticipated dates for receiving ethics approval, completing necessary setup and/or pilot testing, completing data collection, and completing data analysis. The project timeline may also include plans for knowledge mobilization.* |
|       |

|  |
| --- |
| **Additional Information** |
| *For each lead PDF investigator, please describe how this project differs from their current research and represents an autonomous direction. Also, describe how this grant would impact their career development goals.* |
|       |

**Section 3: Budget**

*Provide an itemized budget for the project. The project budget may include any research-related costs associated with the project and* ***must not exceed $5,000****. Examples of eligible expenses would be participant recruitment payment, animal costs, materials and supplies, and costs related to the use of equipment.*

*Researcher salaries, travel, conferences, and equipment purchases such as computer laptops/desktops are not supported by this grant. Any requests for an exception should be well-justified. Quotes must be provided for any equipment requests exceeding $500.*

|  |
| --- |
| **Budget Summary Table** |
| Expenditure Type | Additional Details | Amount |
|  |       | $0.00 |
|  |       | $0.00 |
|  |       | $0.00 |
|  |       | $0.00 |
|  |       | $0.00 |
|  |       | $0.00 |
|  |       | $0.00 |
|  |       | $0.00 |
|  |       | $0.00 |
|  |       | $0.00 |
|  |       | $0.00 |
|  |       | $0.00 |
|  |       | $0.00 |
| **Total Amount Requested for**  |  | $0.00 |

|  |
| --- |
| **Budget Justification**  |
|       |

**Section 4: Signature**

*The signature provided below indicates knowledge of and adherence to guidelines as posted for the BrainsCAN PDF* *Collaborative Research Grant.*

**Co-Lead PDF Signature Date**

**Co-Lead PDF Signature Date**