**This application form is for funding under Stream 2. Only complete this form once you have received approval to apply by emailing a brief description of your proposal to** **bcnedi@uwo.ca** **at least 6 weeks prior to the closing date. Once your idea has been approved, complete the following application form and submit to** **bcnedi@uwo.ca** **by 12PM on January 25th 2024.** Please ensure you have read the guidelines, which provide further information on this funding call. Please email any questions to bcnedi@uwo.ca.

**APPLICATION FORM FOR STREAM 2 – INNOVATION FOR EDI**

This application form is for new, innovative ideas for enhancing equity, diversity and inclusion within Western University. Initiatives should be bold and ambitious, with the potential to have a long-term impact. Individuals or teams can apply, with a mix of researchers, graduate students and staff from across the university. University groups/organizations with an interest in EDI are also eligible to apply. At least one applicant should work in cognitive neuroscience research as either a graduate student, researcher or staff member. The impact delivered must be within the cognitive neuroscience research space, or wider. Funding to support initiatives and activities already being funded by the university from another source are not eligible. **Maximum request per application is $30,000.**

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| **BrainsCAN Mandate**  |
| BrainsCAN is Western University’s CFREF funded initiative to increase our understanding of higher brain functions in health and disease. BrainsCAN endeavors to:* radically transform our understanding of the brain;
* significantly reduce the impact of cognitive disorders;
* lead public policy and medicolegal ethics debates from a position of knowledge; and
* increase Western University’s global reputation as the premiere institute for cognitive neuroscience research.

EDI is a top priority for BrainsCAN and through its [EDI Action plan](https://brainscan.uwo.ca/about/equity_diversity_inclusion/EDIActionPlan.pdf), BrainsCAN is committed to meaningful and action-driven considerations of EDI embedded within its research practices and culture. In this way, BrainsCAN seeks to foster a diverse membership that reflects Canadian society and the global environment it serves through research impact. BrainsCAN aims to give all researchers, students and staff the opportunity to reach their maximum potential in an accountable space where they feel they belong. |

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| Primary applicant details – *at least one applicant should work in the cognitive neuroscience research space* |
| Name |  |
| Email address |  |
| Role |  |
| Affiliation |  |
| Other applicants  |
| Name:Email Address:Role:Affiliation: | Name:Email Address:Role:Affiliation: | Name:Email Address:Role:Affiliation: |
| Name:Email Address:Role:Affiliation: | Name:Email Address:Role:Affiliation: | Name:Email Address:Role:Affiliation: |
| Name:Email Address:Role:Affiliation: | Name:Email Address:Role:Affiliation: | Name:Email Address:Role:Affiliation: |
| 1. Please check the box to confirm you have approval from BrainsCAN to proceed with this application *(right click on the box, select ‘properties’, then ‘checked’)*
 |
| [ ]  |
| 1. Title of proposed initiative
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|  |
| 1. Please describe the current challenge/barrier your initiative plans to overcome (300 words max.).
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| 1. Describe the proposed initiative and what it will deliver to enhance EDI in the cognitive neuroscience research community or wider. Please include the measures taken to ensure the initiative is appropriate for the challenge/barrier you wish to address. For example, consultation with groups with lived experience, references to the literature etc. (600 words max.).
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|  |
| 1. Explain how the initiative will have a long-term impact and how you will measure for success (300 words max.).
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| 1. Explain how the expertise and experience of the applicants will ensure the initiative can be developed and managed appropriately and will deliver maximum benefit (300 words max.).
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| 1. Please provide a timeline for the major activities and deliverables. These can be listed in bullet point form with dates alongside. Funding must be spent by December 31st 2025.
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| 1. Please explain the costs required for your initiative, providing a justification for each cost requested. Include any other funding you are receiving for this initiative stating the funding source and what it will be used for. The maximum funding that can be requested is $30,000 to be spent by December 31st 2025. Eligible costs are listed in the call guidelines.
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|  |  |  |
| --- | --- | --- |
| Expenditure item | Cost inc. tax | Justification |
| x |  |  |
| x |  |  |
| x |  |  |
| x |  |  |
| x |  |  |
| x |  |  |
| x |  |  |
| x |  |  |
| x |  |  |
|  | Total $ |  |

Please insert additional rows into the table if required.Please include here information on other funding you are receiving if applicable:Please include here any other information you wish to provide: |
| *By signing you confirm that all applicants have the full support of their supervisors/managers to participate in this proposed initiative.* |
| Signature of Primary Applicant: |  | Date signed: |  |
| If you are awarded funding, this will be placed into a research account. Individuals are deemed eligible to hold a research account based on their job requirements. Those with responsibility to conduct independent research are deemed eligible. Please view the full eligibility criteria here. If you do not have an eligible member named on your application, please nominate someone who is willing to hold these funds on your behalf. For graduate students or postdoctoral researchers, this could be your supervisor. For staff members, this could be the chair of your department. Please provide the name of the person who can hold the research funds below. If you are unable to identify someone, please leave this section blank and if your application is successful, BrainsCAN will identify an account holder for you. Leaving this section blank will not affect your application.Name, position, affiliation, email address and signature of person who can receive funds |
|  |
| Signature(can be typed) |  | Date |  |

**Email this form to** **bcnedi@uwo.ca** **by 12PM on January 25th 2024**