



# Community Research Funding Application

**Research Project Title:**

**What type of IHRDP grant are you applying for?**

**Please check ONE:**

Community-based Research Grant (up to \$25,000)

Knowledge Translation Research Grant (up to \$25,000)

Development Grant (up to \$10,000)

For Development Grants:

Please provide name of competition and Funding Agency to which you will be applying:

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## Principal Applicant – Community

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Community: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

## Principal Applicant – University/Institution

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

College/Faculty: \_\_\_\_\_

University/Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please list other research team members**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Department/Community: \_\_\_\_\_  
College/Faculty (if applicable): \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Department/Community: \_\_\_\_\_  
College/Faculty (if applicable): \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Department/Community: \_\_\_\_\_  
College/Faculty (if applicable): \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Funding:**

Please indicate any and all other funding applied for and received for this project

Funding Organization	Applied for	Received	Unsuccessful