Complete in full your electronic and paper copy of your application package. Do not modify/remove sections – if not applicable to you please indicate “n/a”

|  |
| --- |
| **Award Applicant** |
| Full Name |  |
| Current employment status (specific program/position)  |  |
| Clinical Appointment  | Title | Institution |
| Academic Appointment  | Title | Institution |
| Contact Information | Telephone | Email |
| Address | Street Address and Suite/Unit |
| City/Town | ProvinceON | Postal Code |
| **Have you applied for salary support from another source?**  |
| **Yes\_\_ No\_\_\_** If so, where \_\_\_\_\_\_\_\_\_\_\_ and for what amount $\_\_\_\_\_\_\_\_\_\_\_\_ Were you successful? Yes\_\_\_ No\_\_\_\_ |
| **Funding Requested** *(maximum $100,000 per year for three years or $75,000 per year for four years)* |
| Year One: $\_\_\_\_\_\_ Year Two: $\_\_\_\_\_\_\_ Year Three: $\_\_\_\_\_\_\_\_ Year Four: $\_\_\_\_\_\_\_\_Total Amount: $\_\_\_\_\_\_\_\_\_\_\_\_ Award Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Sponsoring Institution** |
| Institution Name |  |
| Charitable Registration Number |  |
| Grant Administrator at Sponsoring Institution | Name | Title |
| Contact Information of Grant Administrator | Telephone | Email |
| Address | Street Address and Suite/Unit |
| City/Town | ProvinceON | Postal Code |
| **Nominator (Dean or his/her representative)**  |
| Full Name |  |
| Position  | Title | Institution |
| Contact Information | Telephone  | Email |
| Address | Street Address and Suite/Unit |
| City / Town | ProvinceON | Postal Code |

# Application Contents

### Application Instructions:

Your application must include each of the following sections and using the titles, order and numbering as below. Page numbering is required. The content must be double spaced, 12 pt. font. Please read the Funding Guidelines before completing the application to ensure your application is eligible for consideration.

1. **Proposed Research Plan (see Guidelines).**
2. **Current status detailing research in progress (including funding agencies).**
3. **Current status of teaching (including graduate student supervision).**
4. **Letter of support from the Sponsoring Institution (see Guidelines).**
5. **Letters of reference from preceptors and/or associates familiar with the candidate's work (see Guidelines).**

|  |  |
| --- | --- |
| References | Contact Information**(all fields required)** |
| Name, Title, Academic Appointment | Street Address/City/Province or State / Country / Postal Code |
| Email Address | Telephone |
| Name, Title, Academic Appointment  | Street Address/City/Province or State / Country / Postal Code |
| Email Address | Telephone |
| Name, Title, Academic Appointment  | Street Address/City/Province or State / Country / Postal Code |
| Email Address | Telephone |

1. **Current curriculum vitae.**
2. **Research Infrastructure & Team (see Guidelines)**
3. **A description of other funding in place.**
4. **a) Support requested for Operating Grant rom PSI, if applicable.**

Please note that a maximum of 25% of the total award may be used to support a research project. The protocol for this study must be included in the Proposed Research Plan.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Budget Rationale** | **Year 1****$** | **Year 2****$** | **Year 3 $** | **Year 4****$** | **Total****$** |
| **Salary support for fellow:** |  |  |  |  |  |
| **Only complete the following for the proportion of the fellowship intended to support the project, if applicable** |  |  |  |  |  |
| **Personnel (describe type/role of personnel and indicate amount of time per week or month)** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Personnel** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Equipment (describe type and quantities and how it will be used for study)** |  |  |  |  |  |
| *
 |  |  |  |  |  |
| *
 |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Equipment** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Materials & Supplies (describe type and quantities required and how will be used for study)** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Materials & Supplies** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Knowledge Translation Activities (publications/ conference presentations) (maximum $1,500 per grant)** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Knowledge Translation Activities**  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Other Expenses (full detailed description, quantities and amounts must be provided below)** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Other Expenses** |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL PROJECT BUDGET REQUESTED**  |  |  |  |  |  |

**b)** **Additional Project Budget Rationale** (If any of the above items require additional explanation to justify funding, please provide in this section).

1. **Appendices (30 pages maximum)**

**Application Deadline:** Deadline for institutions to submit candidates to PSI is November 8, 2019. Please contact the research office of your academic institution for internal deadlines.

**Please note**: do not submit an application directly to PSI. Applications should be submitted to your academic institution, which will forward 3 (three) candidates per institution to the Foundation for consideration. Your academic institution will have an internal due date - please contact your research office for this information.

# Signatures

The signing of this application constitutes acceptance and agreement of the terms and conditions set out in the Funding Guidelines and that all information provided is accurate and truthful.

**Name of applicant Signature of Applicant Date Signed**

**Name of Nominator Signature of Nominator Date Signed**

**Name of Authorized Officer Signature of Authorized Officer Date Signed**

**of Sponsoring Institution of Sponsoring Institution**

**(required) (required)**