

**UHN EM Departmental Research Fund
Application for Operational Grant Funding**

Date: _____
Name of Applicant: _____
Email: _____

Operational grants

Title of project: _____

Applicant's role (PI, co-investigator, etc.): _____

Names of co-authors, if any: _____

Research Ethics Board application/approval: Yes / No

Institution: _____

Funds requested: \$ _____

IMPORTANT: Attach copy of project proposal, indication of application for REB review, and an itemized budget. REB approval must be granted before funding is approved.

Are you a member of the UHN EM Practice Plan? Yes / No

Do you have protected time (1.0+ days per week) for research? Yes / No

Does this project have grant funding from another source? Yes / No

If yes, please indicate the source and value of funding: _____
