

MCNHR Grant Application Form

**Please review the online grant guidelines
prior to completing the application form.**

Project Title *

Name of Principal Investigator *

**Program of study and name of Faculty
Advisor for student applications ***

Affiliation of Principal Investigator (e.g., University of Manitoba, WRHA, etc) *

E-mail Address (s) *

Telephone Number *

Additional Co-Investigators (List names) *

Additional Collaborators (List names) *

*** Required**

Research grant(s) applied for (select all that apply): *

- ☐ MCNHR Research Grant
- ☐ MCNHR Collaborative Health Research Grant
- ☐ Professional Foundation Research Grant
- ☐ Poppy Trust Fund Grant
- ☐ B.W. Fallis Parkinson's Care Research Grant

MCNHR Graduate Student Research Grant

ETHICAL APPROVAL

Status of ethical approval *

	Yes	No
Approved	<input type="radio"/>	<input type="radio"/>
Pending	<input type="radio"/>	<input type="radio"/>

Date of ethical approval received or expected *

For Student Applicants:

At what stage are you in your thesis/dissertation proposal development?

Working on the first draft of the proposal

Proposal reviewed by advisor

Proposal reviewed by advisor/committee

Proposal submitted for defense

Proposal defended

ADDITIONAL FUNDING

Do you currently hold any other funding or have you applied for any other funding for the submitted project? *

Yes

No

If yes, please provide funding details (agency name, amount, funding period, % of overlap with submitted project and describe extent of overlap).

PARTIAL FUNDING

Does your project involve a request for partial funding? *

Yes

No

If yes, please explain your plans to secure additional funding to ensure your project will be successfully implemented. *

BUDGET

Summarize your budget. All items must be detailed in the Budget Justification and Explanation Section below. Please ensure this information is comprehensive and accurate. Please consult the MCNHR for current rates for personnel and budget

Salaries

Materials/Supplies

Equipment

Travel

Other

Total Project Costs

Total Requested

ATTACHMENTS

1. Structured abstract max 250 words: Provide a lay abstract with a maximum word count of 250.

2. Budget Justification and Explanation: Provide a clear and detailed justification for each budget item and relate it to the objectives and requirements of the proposed project (maximum **2 pages**).

3. EDI/SGBA Considerations (optional): Please explain how equity, diversity and inclusion (EDI) and sex and gender based analysis (SGBA) considerations have been integrated into the project (maximum **½ page**).

4. Research Proposal: Provide a description of the project, not to exceed five (5) typewritten, single-spaced pages (excluding references and appendices. Applicants must use 12-point font and a minimum 2-cm margin around all attached documents. Applicants must use numbered referencing/citation style (e.g., Vancouver referencing or National Library of Medicine citation style). It is recommended to use the headings provided in the grant guidelines.

5. Appendices: Limited to the following:

- Conceptual framework figures/diagrams
- Intervention summary
- Study instruments (e.g., data collection forms, surveys, interview guides).
- Ethics approval certificates
- No other appendices are permitted and will be removed"

APPLICATION SUBMISSION

To submit your application, go to the following link:

https://umnursing.ca1.qualtrics.com/jfe/form/SV_dgxJNcZQ34TLMHP