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| **SEED FUND GRANT APPLICATION FORM**  **CENTRE FOR RESEARCH ON WORK DISABILITY POLICY** | | | | | |
| **Lead Researcher\*:**  ***\*Must be a CRWDP participant*** | | **Institution** | **Tel:** | **Email** | |
| **Co-Researcher(s)\*\*:**  ***\*If not a CRWDP participant, please attach a curriculum vitae*** | | **Institution** | **Tel:** | **Email** | |
| **Title of Proposed Project:** | | | | | |
| **Objectives of Proposed Project (1/2 page max):** | | | | | |
| **Please give a description of the project, the expected outcomes and work to be performed (3 page max):** | | | | | |
| **Explain how this project fits with the mandate of CRWDP (1/2 page max):** | | | | | |
| **Please detail the names of partners (contact name, organisation) and type of engagement during the development and execution of the project (1/2 page max):** | | | | | |
| **Seed Grants ideally provide research employment to graduate students and stimulate the development of larger research proposals that are focused on work disability policy. If the grant will be used for this purpose please describe the student work opportunity and/or the funding agency and competition to which this proposal will be targeted (1/2 page max).** | | | | | |
| **How will the outcome of the work be communicated to partners (1/2 page max):** | | | | | |
| For which period is the grant requested, *yyyy, mm, dd*  Start Date |\_|\_|\_|\_\_| |\_|\_\_| |\_\_|\_\_| End Date |\_|\_|\_|\_\_| |\_\_|\_\_| |\_\_|\_\_| | | | | | |
| **Budget** | **Items and Description** | | | | **Amount** |
| Personnel |  | | | |  |
| Equipment |  | | | |  |
| Travel |  | | | |  |
| Other |  | | | |  |
| Total  *(max $10,000)* |  | | | |  |
| Budget Justification (1/2 page max): | | | | | |
| Describe other financial or in-kind contributions to the project (1/2 page max): | | | | | |
| *I acknowledge that expenditures are governed by CRWDP and policies of SSHRC. I also agree to submit a mid-term progress report and final report, and a financial summary. See the CRWDP Seed Grant Application and Procedures for complete details and conditions.*  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |