

	Pr	oject Title:										
	Amount A	pplied For:										
Pro	oposed Proj	ect Holder:										
Plea	ase list Tean	n Members Below	(Room for additional	team members i	s on page 7 of this :	application):						
	First Name	Last Name	Faculty	Department	Organization	Email						
1.	Provide the being add	ne context for the dressed through th	proposed activity b	y outlining the q	uestion, challeng	 Provide the context for the proposed activity by outlining the question, challenge, or opportunity being addressed through the activity. Include details on how a transdisciplinary approach to the challenge will be impactful. (Max. ½ page) 						



2.	Describe the proposed activity and how it is being approached in a transdisciplinary manner. (Max. 1 page)



3.	How will the proposed activity lead towards new, lasting transdisciplinary collaborations among the UCalgary community and beyond? (Max. ½ page)



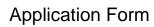
4.	Explain how the proposed team represents the transdisciplinary nature of the activity, provides the expertise needed, and how the activity fits with the team members' expertise. (Max. 1 page)					



5.	If applicable, provide an overview of current Connector Grants (Initiating and Consolidating) that any team members are currently involved in and describe any overlap with the current application. (Max. 1 page)				



6.	How have EDI principles been incorporated into your activity? (Max. ½ page)
7.	How have EDI principles been incorporated into your team? (Max. ½ page)





Please provide information for additional team members here:

First Name	Last Name	Faculty	Department	Organization	Email

Transdisciplinary Scholarship Connector Grant

Budget Form



Requested Funding

Please indicate the estimated amounts for the budget items as applicable to your application.

Amount	Expense Type		Description
	Undergraduate		
	Graduate	Trainees	
	Postdoctoral		
	Other Personnel		
	Materials & Supplies		
	Catering		
	Room Bookings		
	A/V Costs	Meeting Costs	
	Facilitator		
	Other Costs		
	Travel (Research/Collaboration Only)		
	Other item (provide description)		
	Other item (provide description)		
	Total Amount Request	ed	

Budget Justification Please provide a brief justification for the budgeted items.						

Transdisciplinary Scholarship Connector Grant





Project Title:					
Connector Grant Stream:					
Proposed Project Holder:					
Proposed Project Faculty:					
Proposed Project Holder Department:					
Certification and Special Re Please indicate which certificate known. Please note any special representations and special Representation and Special Represe	ations are requir		e proposed work inclu	uding existin	ng certificate numbers, if
Human Participants (REB)	Require	d:		REB #:	
Animal Care (ACC)	Require	d:		ACC #:	
Biosafety	Require	d:		Biosafefy #	
Special Requirements	Addition	Additional Space:		☐ No	
	Course	Course Release Time:			□ No
	Faculty/	Dept. Co	ntributions:	☐ Yes	□ No
Application Approval Signa	tures				
Please complete this signature		•	•		
Signatures indicate approval		of any s	pecial requirements in	ncluded in th	ne application.
For additional information on	· ·	/funding	/oignoturos		
https://research.ucalgary.ca/c	<u>onduct-research</u>	<u>i/Turiuirig</u>	<u>rsignatures</u>		
Proposed Project Holder:		Signature:			Date:
Department Head:		Signati	ıre:		Date:
Associate Dean (Research) or Dean:		Signati	ıre:		Date: