#### **Transdisciplinary Scholarship Connector Grant**



Pre-Application Checklist/Questionaire

Please review the following checklist for the application package

All sections of the application form complete
All signatures obtained on the approval form
Biosketches of the main team members attached to the application
1. Is this a re-submission?
Please provide a detailed description of the ways in which you have addressed the feedback given, and where these changes have been implemented. If you have any questions, please contact <a href="mailto:transdisciplinary@ucalgary.ca">transdisciplinary@ucalgary.ca</a> .
2. Please choose the most appropriate description of the activity of this project from the drop down menu:
3. Does your project involve Indigenous Communities?



F	Project Title:						
Amount A	Applied For:						
Proposed Pro	ject Holder:						
Please list Tear	Please list Team Members Below (Room for additional team members is on page 7 of this application):						
First Name	Last Name	ne Faculty Department Orga			Email		
being add		oroposed activity by e activity. Include o (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)



	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)

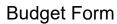




Please provide information for additional team members here:

First Name	Last Name	Faculty	Department	Organization	Email

#### **Transdisciplinary Scholarship Connector Grant**





#### 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 Requested		

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 Rec	nuirements					
Please indicate which certificat known. Please note any specia	•	d for the proposed work inclu	uding existing	g certificate numbers, if		
Human Participants (REB)	Required:	:	REB#:			
Animal Care (ACC)	Required:		ACC #:			
Biosafety	Required:		Biosafefy #:			
Special Requirements	Additiona	l Space:	Yes	☐ No		
	Course R	Release Time: Yes No				
Faculty/Dept. Contributions:				□ No		
Application Approval Signatures						
Please complete this signature	page for the pro	pposed project holder.				
Signatures indicate approval ar	nd acceptance of	f any special requirements in	ncluded in th	e application.		
For additional information on si	ignatures:					
https://research.ucalgary.ca/co	https://research.ucalgary.ca/conduct-research/funding/signatures					
Proposed Project Holder:	Proposed Project Holder: Signature: Date:					
Department Head:		Signature:		Date:		
Associate Dean (Research) o	or Dean:	Signature:		Date:		