

Transdisciplinary Scholarship Connector Grant

Pre-Application Checklist/Questionnaire



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? Yes No

Please provide a detailed description of the ways you have addressed the feedback given, and where these changes have been implemented. If you have any questions, please contact transdisciplinary@ucalgary.ca.

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? Yes No

Clinical Research Funding

4. Is your grant application focused on the conduct of a clinical research project as defined below? Yes No

Clinical research focuses on preventing or treating health issues of Albertans, which can be accomplished in two ways: 1) directly involving human participants in prospective research (such as clinical trials or observational studies); or 2) utilizing health-related data to inform strategies for prevention or treatment. [Read more about Clinical Research Funding here.](#)

Briefly outline how your project meets the criteria for clinical research. (2-3 sentences)

Transdisciplinary Scholarship Consolidating Connector Grant

Application Form



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

A large, empty rectangular box with a light blue background and a black border, intended for the applicant to describe the proposed activity and its transdisciplinary approach.

Transdisciplinary Scholarship Consolidating Connector Grant Application Form



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

Transdisciplinary Scholarship Consolidating Connector Grant

Application Form



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)

Transdisciplinary Scholarship Consolidating Connector Grant

Application Form



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)*

Transdisciplinary Scholarship Consolidating Connector Grant Application Form



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

A large, empty rectangular box with a light blue background, intended for the applicant to provide their response to question 6.

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

A large, empty rectangular box with a light blue background, intended for the applicant to provide their response to question 7.

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 | Trainees | |
| | Graduate | | |
| | Postdoctoral | | |
| | Other Personnel | | |
| | Materials & Supplies | | |
| | Catering | Meeting Costs | |
| | Room Bookings | | |
| | A/V 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

Application Approvals



| | |
|--|--|
| Project Title: | |
| Connector Grant Stream: | |
| Proposed Project Holder: | |
| Proposed Project Faculty: | |
| Proposed Project Holder Department: | |

Certification and Special Requirements

Please indicate which certifications are required for the proposed work including existing certificate numbers, if known. Please note any special requirements.

| | | | | |
|---------------------------------|---|--|--------------|--|
| Human Participants (REB) | Required: | | REB #: | |
| Animal Care (ACC) | Required: | | ACC #: | |
| Biosafety | Required: | | Biosafety #: | |
| Special Requirements | Additional Space: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Course Release Time: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Faculty/Dept. Contributions: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Application Approval Signatures

Please complete this signature page for the proposed project holder.

Signatures indicate approval and acceptance of any special requirements included in the application.

For additional information on signatures:

<https://research.ucalgary.ca/conduct-research/funding/signatures>

| | | |
|---|-------------------|--------------|
| Proposed Project Holder: | Signature: | Date: |
| | | |
| Department Head: | Signature: | Date: |
| | | |
| Associate Dean (Research) or Dean: | Signature: | Date: |
| | | |