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?   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

Transdisciplinary Scholarship
Initiating Connector Grant
Application Form

Project Title:	
Amount Applied For:	
Proposed Project Holder:	

Please list Team Members Below (Room for additional team members is on page 7 of this application)**:**

First Name	Last Name	Faculty	Department	Organization	Email

Please address the questions below in the page limits provided. Refer to the review criteria listed in the terms of reference to ensure responses provide the required detail.

1. 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 Initiating) 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)

Transdisciplinary Scholarship
Initiating Connector Grant
Application Form

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	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:		Biosafefy #:	
Special Requirements	Additional Space:		☐ Yes	☐ No
	Course Release Time:		☐ Yes	☐ No
	Faculty/Dept. Contributions:		☐ Yes	☐ 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: