#### **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 <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? 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)				



Р	roject Title:						
Amount A	Applied For:						
Proposed Pro	Proposed Project Holder:						
Please list Tean	n Members Below	(Room for additional	team members is	on page 7 of this ar	oplication):		
First Name	Last Name	Faculty	Department	Organization	Email		
being add	•	proposed activity by e activity. Include d (Max. ½ page)		-			



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



3.	the UCalgary community and beyond?  (Max. ½ page)



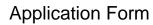
4.	Explain how the proposed team represents the transdisciplinary nature of the activity, provides the expertise needed, and how the activity fits with the team members' expertise. (Max. 1 page)



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?
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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		Release Time:			
	Faculty/D	ept. Contributions:	☐ Yes	□ 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/conduct-research/funding/signatures					
Proposed Project Holder:	Proposed Project Holder: Signature: Date:				
Department Head:		Signature:		Date:	
Associate Dean (Research) o	or Dean:	Signature:		Date:	