

# Transdisciplinary Scholarship Connector Grant

## Pre-Application Checklist/Questionnaire

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**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](mailto: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



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<b>Project Title:</b>	
<b>Amount Applied For:</b>	
<b>Proposed Project Holder:</b>	

**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)*

# Transdisciplinary Scholarship Initiating 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.

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## Application Form

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

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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)

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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*)

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

A large, empty rectangular box with a light blue background and a black border, 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 and a black border, 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)		
	<b>Total Amount Requested</b>		

### **Budget Justification**

Please provide a brief justification for the budgeted items.

# Transdisciplinary Scholarship Connector Grant

## Application Approvals



<b>Project Title:</b>	
<b>Connector Grant Stream:</b>	
<b>Proposed Project Holder:</b>	
<b>Proposed Project Faculty:</b>	
<b>Proposed Project Holder Department:</b>	

### 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.

<b>Human Participants (REB)</b>	Required:		REB #:	
<b>Animal Care (ACC)</b>	Required:		ACC #:	
<b>Biosafety</b>	Required:		Biosafety #:	
<b>Special Requirements</b>	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>

<b>Proposed Project Holder:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Department Head:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Associate Dean (Research) or Dean:</b>	<b>Signature:</b>	<b>Date:</b>