

1. PRINCIPAL APPLICANT			
Surname	Given Name and Initial	Title <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Other	
Organization			
Primary location where research will be conducted			
2. MAILING ADDRESS OF PRINCIPAL APPLICANT			
Department			
Street Address			
City and Province		Postal Code	Telephone
Fax Number	E-mail Address		
3. PROJECT TITLE			
Title:			
Keywords describing proposal subject ( <i>no more than 5</i> ):			
4. CERTIFICATES REQUIRED			
Are the following certificates required?			
Biohazard/Biosafety Approval <input type="checkbox"/> to follow	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, is it :	<input type="checkbox"/> included in submission
Ethics Approval submission <input type="checkbox"/> to follow	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, is it :	<input type="checkbox"/> included in
Are certificates required from other institutions (e.g., in the case of co-applicants)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. BUDGET SUMMARY			
i) Salaries & Benefits			
ii) Supplies & Expenses			
iii) Permanent Equipment			
<b>TOTAL (i + ii + iii)</b>			

Relates to the goal or focus of your project

Select words from title and objectives

Even if you are simply speaking with people, you may still require Ethics Approval.

First complete Section 15 (the Budget) and insert subtotals and totals here

