

SRIC Booster Grant Application Form

LAB INFORMATION

Name of Lab/Principal Investigator:

Location of lab:

Members of the lab (if applicable):

HBI Brain and Mental Health Team(s):

FUNDING SUPPORT

How much funding are you requesting?

Please declare all current funding streams:

Do you consent for the HBI Operations Manager to pull relevant project information from eFin? Yes No

GRANT FUNDING

Have you applied within the last 2 years for major grant funding? Yes No

If yes, which ones:

Have you applied for any funding but have not yet received a decision? Yes No

If yes, when will you find out the results (your best assumption):

Do you agree to participate in the Internal Peer Review and to abide by the guidelines of Office of the Associate Dean Research going forward if awarded? Yes No

For your application please include the following

	Included	Not Applicable:
Proposed budget	<input type="checkbox"/>	<input type="checkbox"/>
CV of the Principal Investigator	<input type="checkbox"/>	<input type="checkbox"/>
Letter of explanation for need and use of the award.	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURES

Primary Investigator:

Printed Name

Signature

Date

Contact hbi.research@ucalgary.ca if you have questions regarding HBI SRIC Support.