



Clinical Fellowships – Application Form

Please report all dollar values in Canadian dollars.

SECTION A – BASIC INFORMATION

Title of project:	
Principal Investigator (PI) First Name:	
Principal Investigator (PI) Last Name:	
Organization:	
PI e-mail address:	
Professional Title	

SECTION B - BASIC INFORMATION ABOUT THE PROJECT

Anticipated Project Start Date

Please provide this date as it will be used to calculate the award start date in your notice of decision. This date can be amended once a funding decision has been reached.

Anticipated Project End Date

Please provide this date as it will be used to calculate the award end date in your notice of decision. This date can be amended once a funding decision has been reached.

Language of Correspondence

Please select your preferred language of correspondence.

What CIHR theme does this project involve?

Does this project have any certification requirement?

(If yes, list the certifications) - Animals, Biohazards, Containment Level, Environmental Impact, Human Stem Cells, Human subjects

SECTION C – PROJECT DESCRIPTION

Plain Language Summary (150 words):

Description of Research Project (1000 words):

- Include the expected outcomes and deliverables
- Include a plan to secure additional funding to sustain operations beyond the duration of this ResearchNB award.

SECTION D – Financials

Requested Contribution from ResearchNB:

Maximum request of \$225k.

Project Budget Table

Please indicate the item/expense you are purchasing, the source or vendor supplying it, the cost and select the type of expense from the dropdown menu.

	Item/Expense	Source	Cost (CAD)	Type of Expense
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Cost Total: \$0

Matching Funding Sources Table 1:

Matching funds are not required for this program. If you are contributing additional funding to the proposed project from other sources, please indicate that below. Completion of this table is not mandatory.

	Name of Funding Source	Source of Funds	Requested or Secured	Cash Contribution Amount	In-kind Contribution Amount
1					
2					
3					
4					
5					

Please describe the matching funds sources (if necessary).

Reasons for further explanation needed: if you are leveraging only a certain portion of a federal award or a industry partner is providing both cash and in-kind contributions, these may need to be explained further.

(No response)

Add more funding sources?

No Responses Selected

Total Contribution: \$0

Total Cash: \$0

Total In-kind: \$0