

**Effective Date: September 23rd, 2025**  
**Public Health Research Fund (PHRF)**

## Application Form Guide



## Public Health Research Fund – Application Form

Please report all dollar values in Canadian dollars.

### SECTION A – BASIC INFORMATION

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

### Select Call

### 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.

## SECTION B – PROJECT DESCRIPTION

### Plain Language Summary (500 words):

### Description of the researcher's background (max 500 words)

- Describe research and/or evaluation experience in one or more of the following areas: Determinants of Health, Population Health and project specific experience
- Description of the researcher's team expertise

**Description of the research project (max words 1000)**

Please include the research question(s), hypotheses, objectives, background information, workplan and the anticipated timelines

**Description of the research methodology, including the data collection and analysis plan. (max 750 words)**

Describe any potential risks associated with your proposal, and outline your plan to mitigate these risks. (max 300 words)

Describe your stakeholder engagement plan, including how you will involve and communicate with key stakeholders throughout the project. (max 300 words)

Describe your Knowledge Transfer plan (max 200 words)

**SECTION E – Financials**

Requested Contribution from ResearchNB:

### Project Budget Table 1

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				

### Budget Justification:

Use this field if there are items you will purchase that might require further explanation of their relevance to the project.

Add more budget items?

**No Responses Selected**

**Cost Total: \$0**

**Matching Funding Sources Table 1:**

In this table, please report the matching funds that you have secured or requested from other funders. Funding from your research institution should be classified as 'other'. ResearchNB has different leveraging ratios for our funds and require this information to confirm your project meets those criteria. Please see the program description page for these ratios.

	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.

Add more funding sources?

**No Responses Selected**

**Total Contribution: \$0**

**Total Cash: \$0**

**Total In-kind: \$0**

Sample Application