**Applicant Information:**

|  |  |
| --- | --- |
| Date (mm/dd/yyyy): | Click or tap to enter application date. |
| Project Title: | Click or tap here to enter project title. |
| Department: | Click or tap here to enter department. |
| Educational Institution: | Click or tap here to enter name of educational institution. |
| Last Name: | Click or tap here to enter your last name. |
| First Name: | Click or tap here to enter your first name. |
| Address: | Click or tap here to enter institution address. |
| City: | Click or tap here to enter institution city. |
| Province: | Click or tap here to enter institution province. |
| Postal Code: | Click or tap here to enter institution postal code. |
| Email Address: | Click or tap here to enter your e-mail address. |
| Telephone Number: | Click or tap here to enter best phone number to reach you. |

**Academic background:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree(s) or Diploma(s)** | **Discipline** | **Educational institution** | **Year** |
| Enter Degree/Diploma. | Enter Discipline | Enter Institution. | Enter Year. |
| Enter Degree/Diploma. | Enter Discipline | Enter Institution. | Enter Year. |
| Enter Degree/Diploma. | Enter Discipline | Enter Institution. | Enter Year. |
| Enter Degree/Diploma. | Enter Discipline | Enter Institution. | Enter Year. |
| Enter Degree/Diploma. | Enter Discipline | Enter Institution. | Enter Year. |
| Enter Degree/Diploma. | Enter Discipline | Enter Institution. | Enter Year. |

**Project Objective(s):**

Click or tap here to enter a brief project objective or objectives.

**Proposed budget for the year:**

Itemize under appropriate column. Example: for assistants, indicate number, monthly rate, number of months, and whether for graduates, undergraduates, etc. If a column does not apply to a certain item, leave it blank or enter “N/A".

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assistants** | **Number** | **Months** | **Monthly rate** | **Annual total** |
| Graduate | Enter Number. | Enter Number. | Enter $ Value. | Enter $ Value. |
| Undergraduate | Enter Number. | Enter Number. | Enter $ Value. | Enter $ Value. |
| Other | Enter Number. | Enter Number. | Enter $ Value. | Enter $ Value. |

 Click or tap here to notes (if required).

|  |  |  |
| --- | --- | --- |
| Materials/Supplies: |  | Annual total |
| Provide a brief list of materials/supplies used. |  |  |
| Click or tap here to enter text. |  | Enter $ Value. |
| Click or tap here to enter text. |  | Enter $ Value. |
| Click or tap here to enter text. |  | Enter $ Value. |

|  |  |  |
| --- | --- | --- |
| Equipment: |   | Annual total |
| Provide a brief list of equipment used. |  |  |
| Click or tap here to enter text. |  | Enter $ Value. |
| Click or tap here to enter text. |  | Enter $ Value. |
| Click or tap here to enter text. |  | Enter $ Value. |

|  |  |  |
| --- | --- | --- |
| Other: |  | Annual total |
| Provide a brief list of other items used. |  |  |
| Click or tap here to enter text. |  | Enter $ Value. |
| Click or tap here to enter text. |  | Enter $ Value. |
| Click or tap here to enter text. |  | Enter $ Value. |

|  |  |  |
| --- | --- | --- |
| Institution overhead rate: |  | Annual total |
| Enter % Value % |  | Enter $ Value. |

|  |  |  |
| --- | --- | --- |
| Total: |  | Enter $ Value. |

|  |  |
| --- | --- |
| Estimated date of project Start: Click or tap to enter a date. |  |
| Estimated date of project Completion: Click or tap to enter a date. |  |

**Other research support:**

(Held, or applied for, relative to this project; or other aspects if this is part of an overall project)

|  |  |  |
| --- | --- | --- |
| **Source of funds and title of projects** | **Current status****(awarded or applied for)** | **Amount** |
| Click or tap here to enter text. | Click or tap here to enter text. | Enter $ Value. |
| Click or tap here to enter text. | Click or tap here to enter text. | Enter $ Value. |
| Click or tap here to enter text. | Click or tap here to enter text. | Enter $ Value. |

**Research Description:**

Describe the research project under the following headings:

1. Research plan and methodology

Click or tap here to enter text.



2. Relationship to existing research and literature

Click or tap here to enter text.



**Lab Safety: Culture and Framework**

Describe how the lab’s safety culture demonstrates effective implementation of the institution’s laboratory/workplace safety statement/framework.

Click or tap here to enter text.

****

**Approval**

Has your office of research services approved your proposal? Your office of research services must approve your proposal before submitting to Imperial Oil.

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

**Full-Time Faculty**

Will you be a full-time faculty member of the institution during the proposed tenure of the award? A head of department and/or the dean of graduate studies (or the director/chair of research grants administration) can validate this query.

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Verified by: Click or tap here to enter name of verifier. | Click or tap here to enter job title of verifier.

**Important Notes**:

1. A list of published or presented papers will be required in subsequent correspondence - do not attach to this email.
2. Ensure that the head of department and/or the dean of graduate studies (or the director/chair of research grants administration) can certify that the applicant will be a full-time faculty member of that institution during the proposed tenure of the award.