**Graham Seed Fund Application Form (Round 1)**

Please refer to [application guidelines](https://uwaterloo.ca/transformative-health-technologies/funding-opportunities) on our website.

**Definitions**

**Principal Investigator:** Any tenure-track or tenured Waterloo faculty or faculty with a definite term research professor appointment (where the primary affiliation is with the University of Waterloo) who will lead the project.

**Collaborators:** Faculty and/or researchers internal or external to the University who will contribute to the project. Clinicians, healthcare providers, patients and patient families are encouraged to participate in the team as collaborators

**Interdisciplinary:** Broadly defined as across disciplines, faculties, departments and NSERC/CIHR/SSHRC related fields

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| **1.** **Principal Investigator** |  |
| **2.** **Department** |  |
| **3.** **Email** |  |
| **4.** **Collaborators** (name, institutional affiliation) if applicable |  |
| **5.** **Project Title** |  |

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| **6. Research Proposal**: In two (2) pages maximum describe the research proposal including references. The proposal should address such aspects as connection to innovative health technologies, motivation/problem/opportunity, objectives/goals, approach (with 1 year timeline), novelty, methodology, impact and next steps, as appropriate. |
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| **7. Impact**: Describe the impact of your project. How does it transform health through technology? How does it compare to state-of-the-art alternatives? What is the societal impact? What is the potential for IP and/or commercialization? (1 page max.) |
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| **8. Interdisciplinary Collaboration**: Briefly explain the interdisciplinarity of the research project and team and describe how this enhances the project and increases its chances for success. Describe your collaboration with non-academics such as health providers, clinicians, and patients and their families. (1 page max.) |
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| **9. Applicability of Research Team**: Briefly describe the role of the applicant and research team/collaborators/partners in this project (i.e., why are you and your team equipped to address this project?). How will the team contribute to the project’s success and influence the future scope? (e.g., project interdisciplinarity, knowledge translation, co-design, patient engagement, clinical research, etc.). (1 page max.) |

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| **10. EDI Perspectives**: Explain how equity, diversity and inclusion have been considered in the research design, research team composition, and knowledge mobilization plan. (1 page max.) |
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| **11. Milestones**: Identify the milestones of your project according to the timelines indicated. | |
| 6 months |  |
| 12 months |  |

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| **12. Subsequent Funding**: Is the proposed project a new activity (i.e., not a continuation of your current activities)? If yes, what is your plan for seeking additional funding, as appropriate, beyond the term of the seed funding? Please describe your plan for obtaining subsequent support for this research, include the timeline and funding sources. (1 page max.) |
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| **13. Acknowledgments**: I understand and agree that receiving this support commits me to participate in a research event for GSF recipients and to serve on a future GSF review committee. In addition, I will acknowledge GSF support in all publications, media releases, and presentations related to this research. I will submit bi-annual progress reports via email at httsf@uwaterloo.ca |
| Agree  Disagree |

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| **14. Highly Qualified Personnel (HQP)**: Provide the names or a TBD (in case the HQP is yet to be identified), their level (PDF, PhD, Masters or Undergraduate), department, role in the project, and other funding sources (if applicable). |
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| **15. Training and Mentoring**: Describe the training or mentorship opportunities that will be  available to the HQP. (1 page max.) |
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| **16. Budget** (maximum budget is $25,000) for 12 months |

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| **Salaries, Benefits and Student Payments** | |
| a. Master's Students |  |
| b. Doctoral Students |  |
| c. Post-doctoral Fellows |  |
| d. Undergraduate Students /Co-ops |  |
| e. Other (please specify) |  |
|  | $ |
|  |  |
| **Costs of working with Clinical Partners, Patients or Healthcare Providers** | |
| a. Collaborator Participation Renumeration |  |
| b. Parking Costs |  |
| c. Participant Payments |  |
| d. Other (please specify) |  |
|  | $ |
|  |  |
| **Minor Equipment** | |
| a. Purchase (please list) |  |
| b. Other (please specify) |  |
|  | $ |
|  |  |
| **Materials and Supplies** | |
|  |  |
|  | $ |
|  |  |
| **Travel and Knowledge Mobilization** | |
| Travel |  |
| Knowledge Mobilization |  |
|  | $ |
|  |  |
| **Total Budget** | $ |

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| **17. Budget Justification**: Provide justification for your budget. (1 page max.) |
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