**JIBC SSHRC Institutional Grant - Exchange Application**

**REFERENCE COPY ONLY**

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| **Applicant Information** | | |
| Principal Applicant | Position | |
| Click or tap here to enter text. | Click or tap here to enter text. | |
| School | Department | |
| Choose an item. | Choose an item. | |
| Email Address | Telephone Number | Date of Last Explore/Exchange Grant (if applicable) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Project Title (or title of presentation) | | |
| Click or tap here to enter text. | | |
| Start Date | Amount Requested (Maximum $7000) | |
| Click or tap to enter a date. | Click or tap here to enter text. | |
| Are there co-applicants with this proposal? | If so, please list the co-applicants. | |
| Click or tap here to enter text. | Click or tap here to enter text. | |

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| **Please note that preference may be given to funding requests to present at a conference or workshop, etc.** |

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| **Knowledge Mobilization Activity**  (Conference presentation, workshop, presentation, artistic exhibit, or performance, etc.)  Describe Activity (maximum 200 words) |
| Click or tap here to enter text. |
| Is the research being disseminated the product of grant-funded research? |
| Choose an item. |
| **Relationship to Other Research Support**  Neither SSHRC or JIBC support duplicate requests for funding (i.e., funding for the same activity, either in full or in part). Failure to disclose may result in rejection of the application, and/or disciplinary action. |
| Has this application, or parts of it, been submitted, or will be submitted, to another competition which was successful or in the process of adjudication? |
| Choose an item. |

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| **Knowledge Mobilization Activity Information**  For Knowledge Mobilization activities that require travel to present research at a conference complete Section 1. For other Knowledge Mobilization activities, complete Section 2.  All applications must complete Section 3. | |
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| **Section 1 – Conference Travel Description**  Provide details about the conference or event. | |
| Name of Conference | |
| Click or tap here to enter text. | |
| Link to Conference Website | |
| Click or tap here to enter text. | |
| Sponsoring Organization and Venue of Conference | |
| Click or tap here to enter text. | |
| Location of Conference (City, Country) | Type of Travel |
| Click or tap here to enter text. | Choose an item. |
| Dates of Conference | Conference Frequency (annual, biennial, inaugural) |
| From: Click or tap to enter a date.  To: Click or tap to enter a date. | Click or tap here to enter text. |
| Role and Participation in the Conference (check all that apply) | |
| Keynote Speaker  Poster Presenter  Workshop Leader  Other (describe): | Oral Paper Presenter  Panel Presenter  Artistic Exhibitor or Performer |
| If other, please explain: | |
| Click or tap here to enter text. | |
| Describe the adjudication/selection process for the conference (e.g., peer-reviewed, juried abstract submission, none). | |
| Click or tap here to enter text. | |
| If other, please specify: | |
| Click or tap here to enter text. | |
| Will the proceedings be published? | |
| Yes  No  If yes, describe the publication and distribution:  Click or tap here to enter text. | |
| **Importance of Conference**  Provide a brief description of this conference.  Explain its importance, prestige, renown, visibility and/or influence within your academic community and if applicable, outside academia.  Describe the audience for this conference.  Explain why this conference is the most appropriate venue for your work.  Maximum 500 words | |
| Click or tap here to enter text. | |

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| **Section 2 – Other Knowledge Mobilization Activity**  Complete this section only if your activity is not research dissemination travel to a conference. |
| Provide a brief overview of the Knowledge Mobilization activity proposed. Include a statement regarding the overall goal and specific objectives of the endeavour. Describe the audience(s) for your activity (academic, artistic, practitioners, policy makers, etc.) and why it is important to connect with the specified audience(s). Highlight any partnerships (industry, not-for-profit, community groups, etc.) that the activity may facilitate.  Maximum 500 words. |
| Click or tap here to enter text. |
| **Importance of Knowledge Mobilization Event**  Provide a brief description of this event.  Explain its importance, prestige, renown, visibility and/or influence within your academic community and if applicable, outside academia and describe the audience for this dissemination activity.  Maximum 500 words |
| Click or tap here to enter text. |

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| **Section 3 – Additional Information and Costs**  Note: this section is required for both Section 1 and Section 2 Exchange Grant applications. |
| **Research Description**  Provide a brief overview of the research being disseminated. Indicate its significance to your field of study or discipline as well as the importance of this dissemination activity for the advancement of your research program.  Maximum 300 words.  Note: this is required for both Section 1 and Section 2 Exchange Grant applications. |
| Click or tap here to enter text. |

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| Budget Justification  Provide a full justification of all budget costs in terms of the needs of the research.  Maximum 500 words. |
| Click or tap here to enter text. |

**Budget**

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| **Description** | | | **Cost** |
| Travel Costs | | | |
| Air Travel | | | Amount |
| Ground Travel (taxi, shuttle, public transportation) | | | Amount |
| Mileage | | | Amount |
| Other | | | Amount |
| Subsistence (Specify per diem and accommodation amounts. Attach accommodation quotes to estimate total costs. Consult Institutional Travel Procedure for current per diem rates and eligible expenses) | Number of Days | Rate/day | Total Cost |
| Accommodation |  |  | Amount |
| Per Diem |  |  | Amount |
| Other |  |  | Amount |
| Event | | | |
| Conference Registration | | | Amount |
| Other | | | Amount |
| **Total Costs** | | | Amount |
| **Funds from Other Sources (e.g., Professional Development funds)** | | | Amount |
| **TOTAL REQUESTED** | | | Amount |

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| **Dean/Director Support**  Your Dean or Director must be in support of your application and must be consulted prior to submitting an application. A copy of the application will automatically be sent to both the applicant and Dean/Director upon submission. Please enter the name and email address of the Dean/Director. |
| Name of Dean/Director: Click or tap here to enter text. |
| Email address of Dean/Director: Click or tap here to enter text. |

I declare that the information contained in this application is accurate and complete to the best of my knowledge and that the funds are required to support my own research. I agree to abide by the conditions specified in the terms of reference of SSHRC.

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| **To be completed using application link**. |  |  |
| Applicant’s Signature |  | Date |

**Applications must be submitted using this link:** [**JIBC SSHRC Institutional Grant - Exchange Application**](https://app.smartsheet.com/b/form/6545a25dd5ac4d67a6c98c5e4517e11e)

**Please contact** [**appliedresearch@jibc.ca**](mailto:appliedresearch@jibc.ca) **if you have any questions or concerns.**