Application for a Grant

Identification

This page will be made available to selection committee members and external assessors.

Funding opportunity
Insight Grants

Joint or special initiative

Application title

Applicant family name	Applicant given name	Initials

Org. code	Full name of applicant's organization and department University of Alberta

Org. code	Full name of administrative organization and department

	Preferred Adjudication Committee

Does your proposal involve Aboriginal Research as defined by SSHRC?	Yes ◯ No ◯
Does your proposal involve human beings as research subjects? If "Yes", consult the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* and submit your proposal to your organization's Research Ethics Board.	Yes ◯ No ◯

Does any phase of the proposed research or research-related activity:

A. Constitute a physical activity carried out on federal lands in Canada, as defined in sub-section 2(1), in relation to a physical work and that is not a designated project;	Yes ◯ No ◯
B. Constitute a physical activity carried out outside of Canada in relation to a physical work and that is not a designated project;	Yes ◯ No ◯
C. (i) Permit a designated project (listed in the CEAA 2012 Regulations Designating Physical Activities (RDPA)) to be carried out in whole or in part;	Yes ◯ No ◯
C. (ii) Depend on a designated project (listed in the RDPA) that is, or will be, carried out by a third party?	Yes ◯ No ◯

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Total funds requested from SSHRC	_____	_____	_____	_____	_____	_____

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Participants

List names of your team members (co-applicants and collaborators) who will take part in the intellectual direction of the research. Do not include assistants, students or consultants.

Role		
Co-applicant ◯	Collaborator ◯	

Family name	Given name	Initials

Org. code	Full organization name

Department/Division name

Role		
Co-applicant ◯	Collaborator ◯	

Family name	Given name	Initials

Org. code	Full organization name

Department/Division name

Role		
Co-applicant ◯	Collaborator ◯	

Family name	Given name	Initials

Org. code	Full organization name

Department/Division name

Role		
Co-applicant ◯	Collaborator ◯	

Family name	Given name	Initials

Org. code	Full organization name

Department/Division name

Role		
Co-applicant ◯	Collaborator ◯	

Family name	Given name	Initials

Org. code	Full organization name

Department/Division name

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Family name, Given name

Research Activity
The information provided in this section refers to your research proposal.

Keywords
List keywords that best describe your proposed research or research activity. Separate keywords with a semicolon.

Disciplines - Indicate and rank up to 3 disciplines that best correspond to your activity.

Rank	Code	Discipline	If "Other", specify
1			
2			
3			

Areas of Research
Indicate and rank up to 3 areas of research related to your proposal.

Rank	Code	Area
1		
2		
3		

Temporal Periods
If applicable, indicate up to 2 historical periods covered by your proposal.

From	To
Year BC AD ◯ ◯ ◯ ◯	Year BC AD ◯ ◯ ◯ ◯

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Research Activity (cont'd)

Geographical Regions
If applicable, indicate and rank up to 3 geographical regions covered by or related to your proposal. Duplicate entries are not permitted.

Rank	Code	Region
1		
2		
3		

Countries
If applicable, indicate and rank up to 5 countries covered by or related to your proposal. Duplicate entries are not permitted.

Rank	Code	Country	Prov./State
1			
2			
3			
4			
5			

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Response to Previous Critiques - maximum one page

Applicants may, if they wish, address criticisms and suggestions offered by adjudication committees and external assessors who have reviewed previous applications.

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Summary of Proposal

The summary of your research proposal should indicate clearly the problem or issue to be addressed, the potential contribution of the research both in terms of the advancement of knowledge and of the wider social benefit, etc.

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Expected Outcomes
Elaborate on the potential benefits and/or outcomes of your proposed research and/or related activities.

Scholarly Benefits
Indicate and rank up to 3 scholarly benefits relevant to your proposal.

Rank	Benefit	If "Other", specify
1		
2		
3		

Social Benefits
Indicate and rank up to 3 social benefits relevant to your proposal.

Rank	Benefit	If "Other", specify
1		
2		
3		

Audiences
Indicate and rank up to 5 potential target audiences relevant to your proposal.

Rank	Audience	If "Other", specify
1		
2		
3		
4		
5		

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Expected Outcomes Summary

Describe the potential benefits/outcomes (e.g., evolution, effects, potential learning, implications) that could emerge from the proposed research and/or other partnership activities.

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Family name, Given name

Funds Requested from SSHRC

For each budget year, estimate as accurately as possible the research costs that you are asking SSHRC to fund through a grant. For each Personnel costs category, enter the number of individuals to be hired and specify the total amount required. For each of the other categories, enter the total amount required.

Personnel costs	Year 1		Year 2		Year 3		Year 4		Year 5	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Student salaries and benefits/Stipends										
Undergraduate										
Masters										
Doctorate										
Non-student salaries and benefits/Stipends										
Postdoctoral										
Other										

Travel and subsistence costs	Year 1	Year 2	Year 3	Year 4	Year 5
Applicant/Team member(s)					
Canadian travel					
Foreign travel					
Students					
Canadian travel					
Foreign travel					
Other expenses					
Technical services					
Supplies					
Non-disposable equipment					
Computer hardware					
Other					
Other expenses (specify)					
Total	0	0	0	0	0

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	Social Sciences and Humanities Research Council of Canada	Conseil de recherches en sciences humaines du Canada	Family name, Given name

Funds from Other Sources

You must include all other sources of funding for the proposed research. Indicate whether these funds have been confirmed or not. Where applicable, include (a) the partners' material contributions (e.g. cash and in-kind), and (b) funds you have requested from other sources for proposed research related to this application.

Full organization name Contribution type	Confirmed	Year 1 Year 5	Year 2	Year 3	Year 4
	☐				
	☐				
	☐				
	☐				
	☐				
	☐				
	☐				
	☐				
	☐				
Total funds from other sources		0	0	0	0
		0			

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Suggested Reviewers

List Canadian or foreign specialists whom SSHRC may ask to assess your proposal.

List keywords that best describe the assessor's areas of research expertise. Please refer to the Suggested Assessors section of the detailed instructions for more information on conflicts of interest.

Family name		Given name		Initials	Title

Org. code	Full organization name	Keywords

Department/Division name	Address

	Country code	Area code	Number	Extension	City/Municipality		Prov./State	Postal/Zip code

Telephone number

Fax number

Country

E-mail

Family name		Given name		Initials	Title

Org. code	Full organization name	Keywords

Department/Division name	Address

	Country code	Area code	Number	Extension	City/Municipality		Prov./State	Postal/Zip code

Telephone number

Fax number

Country

E-mail

Family name		Given name		Initials	Title

Org. code	Full organization name	Keywords

Department/Division name	Address

	Country code	Area code	Number	Extension	City/Municipality		Prov./State	Postal/Zip code

Telephone number

Fax number

Country

E-mail

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Internal use	CID (if known)

Identification

Only the information in the Name section will be made available to selection committee members and external assessors. Citizenship and Statistical and Administrative Information will be used by SSHRC for administrative and statistical purposes only. Filling out the statistical and Administrative Information section is optional.

Name

Family name	Given name	Initials	Title
			.

Citizenship - Applicants and co-applicants must indicate their citizenship status by checking and answering the applicable questions.

Citizenship status	◯ Canadian	◯ Permanent resident since (yyyy/mm/dd) _____	◯ Other (country) _____	Have you applied for permanent residency? ◯ Yes ◯ No

Statistical and Administrative Information

Birth year	Gender	Permanent postal code in Canada (i.e. K2P1G4)	Correspondence language	Previous contact with SSHRC? (i.e. applicant, assessor, etc.)
	◯ F ◯ M		◯ English ◯ French	◯ Yes ◯ No

Full name used during previous contact, if different from above

Contact Information

The following information will help us to contact you more rapidly. Secondary information will not be released by SSHRC without your express consent.

Primary telephone number	Secondary telephone number
Country code Area code Number Extension	Country code Area code Number Extension

Primary fax number	Secondary fax number
Country code Area code Number Extension	Country code Area code Number Extension

Primary E-mail

Secondary E-mail

Checked

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Family name, Given name

Current Address

Use only if you are not affiliated with a department at a Canadian university. (If you are affiliated with a department at a Canadian university, the department's mailing address will be used.) If you wish to use another address, specify it under the Correspondence Address.

Address

City/Municipality | Prov. / State | Postal/Zip code

Country

Correspondence Address

Complete this section if you wish your correspondence to be sent to an address other than your current address.

Address

City/Municipality | Prov. / State | Postal/Zip code

Country

Temporary Address

If providing a temporary address, phone number and/or E-mail, ensure that you enter the effective dates.

Address

City/Municipality | Prov./ State

Country

Start date (yyyy/mm/dd)	End date (yyyy/mm/dd)

Temporary E-mail

Permanent Address in CANADA

Address

City/Municipality | Prov./ State | Postal/Zip code

Country

Temporary telephone/fax number

Country code   Area code   Number   Extension

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Family name, Given name

Research Expertise (optional)

The information provided in this section refers to your own research expertise, not to a research proposal. Filling out the following 4 sections is optional. This page will not be seen by selection committee members and external assessors. This section will be used for planning and evaluating programs, producing statistics, and selecting external assessors and committee members.

Areas of Research

Indicate and rank up to 3 areas of research that best correspond to your research interests as well as areas where your research interests would apply. Duplicate entries are not permitted.

Rank	Code	Area
1		
2		
3		

Temporal Periods

If applicable, indicate up to 2 historical periods covered by your research interests.

From				To			
Year	BC	AD		**Year**	BC	AD	
_____	○	○		_____	○	○	
_____	○	○		_____	○	○	

Geographical Regions

If applicable, indicate and rank up to 3 geographical regions covered by your research interests. Duplicate entries are not permitted.

Rank	Code	Region
1		
2		
3		

Countries

If applicable, indicate and rank up to 5 countries covered by your research interests. Duplicate entries are not permitted.

Rank	Code	Countries	Prov./State
1			
2			
3			
4			
5			

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Research Expertise (optional)

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Canada

Curriculum Vitae

Family name, Given name

Language Proficiency

	Read	Write	Speak	Comprehend aurally	Other languages
English	☐	☐	☐	☐	
French	☐	☐	☐	☐	

Work Experience

List the positions, academic and non-academic, you have held beginning with the current position and all previous positions in reverse chronological order, based on the start year.

Current position	Start date (yyyy/mm)
	2011/1

Org. code	Full organization name

Department/Division name

Position type	◯ Tenured ◯ Non-tenure ◯ Tenure-track ◯ Non-academic	Employment status	◯ Full-time ◯ Part-time ◯ Non-salaried ◯ Leave of absence

Position	Start date (yyyy/mm)	End date (yyyy/mm)

Org. code	Full organization name

Department/Division name

Position	Start date (yyyy/mm)	End date (yyyy/mm)
t		

Org. code	Full organization name

Department/division name

Position	Start date (yyyy/mm)	End date (yyyy/mm)
Consultant		

Org. code	Full organization name

Department/Division name

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Work Experience (cont'd)

	Start date (yyyy/mm)	End date (yyyy/mm)

Org. code	Full organization name r

Department/Division name

Position		Start date (yyyy/mm)	End date (yyyy/mm)

Org. code	Full organization name

Department/Division name

Position		Start date (yyyy/mm)	End date (yyyy/mm)

Org. code	Full organization name

Department/Division name

Position		Start date (yyyy/mm)	End date (yyyy/mm)
Visiting Professor			

Org. code	Full organization name

Department/Division name International

Position		Start date (yyyy/mm)	End date (yyyy/mm)
Visiting Researcher			

Org. code	Full organization name

Department/Division name

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Academic Background

List up to 5 degrees, beginning with the highest degree first and all others in reverse chronological order, based on the start date.

Degree type	Degree name	Start date (yyyy/mm)	Expected date (yyyy/mm)	Awarded date (yyyy/mm)
Disc. code	Discipline	Did SSHRC support enable you to get this degree? ◯ Yes ◯ No		
Org. code	Organization			
Country				

Degree type	Degree name	Start date (yyyy/mm)	Expected date (yyyy/mm)	Awarded date (yyyy/mm)
Disc. code	Discipline	Did SSHRC support enable you to get this degree? ◯ Yes ◯ No		
Org. code	Organization			
Country				

Degree type .	Degree name	Start date (yyyy/mm)	Expected date (yyyy/mm)	Awarded date (yyyy/mm)
Disc. code	Discipline	Did SSHRC support enable you to get this degree? ◯ Yes ◯ No		
Org. code	Organization			
Country				

Degree type .	Degree name	Start date (yyyy/mm)	Expected date (yyyy/mm)	Awarded date (yyyy/mm)
Disc. code	Discipline	Did SSHRC support enable you to get this degree? ◯ Yes ◯ No		
Org. code	Organization			
Country				

Degree type .	Degree name	Start date (yyyy/mm)	Expected date (yyyy/mm)	Awarded date (yyyy/mm)
Disc. code	Discipline	Did SSHRC support enable you to get this degree? ◯ Yes ◯ No		
Org. code	Organization			
Country				

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Family name, Given name

Credentials

List up to 6 licences,   designations, awards and distinctions you have received and feel would be the most pertinent to the adjudication of your application. List them in reverse chronological order, based on the year awarded.

Category	Name	Source or Country	Duration (Months)	Value / Year awarded
				$
			12	
e			24	
			24	
			12	
			228	

Research Expertise

The information provided in this section refers to your own research expertise, not to a research proposal.

Keywords

List keywords that best describe your areas of research expertise. Separate keywords with a semicolon.

Disciplines

Indicate and rank up to 5 disciplines that best correspond to your research interests. Duplicate entries are not permitted.

Rank	Code	Discipline	If Other, specify
1			
2			
3			
4			
5			

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Funded Research

List up to 8 grants or contracts you have received from SSHRC or other sources. List them in reverse chronological order, based on the year awarded. If you are not the applicant (principal investigator), specify that persons' name.

Org. code	Full name of funding organization	Year awarded (yyyy)	Total amount (CAN$)
1			

Role		Completion status ☐ Complete

Project title

Applicant's family name	Applicant's given name	Initials

Org. code	Full name of funding organization	Year awarded (yyyy)	Total amount (CAN$)
1			

Role		Completion status ☐ Complete

Project title

Applicant's family name	Applicant's given name	Initials

Org. code	Full name of funding organization	Year awarded (yyyy)	Total amount (CAN$)
1			

Role		Completion status ☐ Complete

Project title

Applicant's family name	Applicant's given name	Initials

Org. code	Full name of funding organization	Year awarded (yyyy)	Total amount (CAN$)
			$

Role		Completion status ☐ Complete

Project title

Applicant's family name	Applicant's given name	Initials

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