**Expanding Research Impact Through Inter-Disciplinary Collaboration**

**2022 – 24 Joint EMHSeed AND XSeed APPLICATION FORM**

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| **Project Title:** |  |

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| **Please select the Seed funding program you are applying to (choose one)** | | EMHSeed  XSeed | |
| **Does your proposal align with the research goals of MbD, TBEP, or KITE/CRANIA?**  **If “Yes” please identify the program and provide a brief justification in Part 8 of the application form**  **Does your proposal align with the research goals of the EDCRG?**  **If “Yes” please provide a brief justification in Part 9 of the application form** | | Yes  No  MbD  TBEP  KITE /CRANIA  Yes  No | |
| **Name of Lead Applicant:** |  | **Name of Co- Applicant:** |  |
| **Department of Primary Appointment:** |  | **Department of Primary Appointment:** |  |
| **Faculty:** |  | **Faculty:** |  |
| **Year of First Academic Appointment:** |  | **Year of First Academic Appointment:** |  |
| **Are both applicants eligible to hold tri-council funding?** | | Yes  No | |
| **Have you secured the required matching fund for this project?**  **(*please include all applicable letters of support*)** | | Yes  No | |
| Is this a resubmission of an earlier XSeed/EMHSeed application? | | Yes  No | |

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| **PART 1: Executive Summary** (200 words maximum) |
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| **PART 2: A new collaborative opportunity:** This funding seeks to attract new researchers that have not previously partnered. Priority may be given to research teams that include one coPI in her/his first 10 years of their academic career. (100 words maximum) |
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| **PART 3: A clear and compelling overarching goal:** The project should have a clear end goal, such as a key finding, a compelling prototype, or a persuasive data set that paves the way for larger funded projects. (200 words, maximum) |
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| **PART 4: Excellence in research:** Describe the proposed research plan highlighting its novelty and excellence, and how compelling the project is to solve an important, unsolved problem. Also please provide evidence of established or emerging leadership of coPIs in area(s). (one page, maximum) |
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| **PART 5: A clear plan on collaboration:** Successful applications should have a clear plan to form a meaningful collaboration. Please explain how research planning, use of space, use of infrastructure, and supervision all be shared and harmonized across the collaborating teams (200 words maximum) |
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| **PART 6: Annual Milestones:** Please provide a compelling set of milestones that will form the foundation for continued collaborations and joint funding applications (200 words maximum) |
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| **PART 7: Gateway to major funded partnership:** Please provide a list of joint research grant applications that you intend to apply based on your proposed project with the anticipated submission dates (200 words maximum) |
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| **PART 8: Alignment with MbD, TBEP or KITE/CRANIA (if applicable):** Please provide a brief justification (200 words maximum) |
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| **PART 9: Alignment with EDCRG (if applicable):** Please provide a brief justification (200 words maximum) |
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| **PART 10: Please provide a budget breakdown** |

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| **Item** | **Year 1**  **(CAD$)** | **Year 2**  **(CAD$)** |
| **Salaries** |  |  |
| **Supplies** |  |  |
| **Other (please specify):** |  |  |
| **TOTAL** |  |  |
| **Budget Justification**: | | |

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**Lead Applicant Signature Co-applicant Signature**

\* If additional co-applicants are involved, please provide their names and signature as an appendix.

**Application checklist**

A complete application package should include:

1. A signed Application Form
2. Letters of support confirming cash contributions from each of the collaborating departments/ institutes (see Table 1), and
3. Short CVs of co-PIs. **Please limit your CV to 3 pages.**

Before submitting your EMHSeed or XSeed application, ensure that all requirements are met and that the instructions are followed. Please note that missing components or non-compliance with the instructions will result in the application not being considered. For questions, please contact: vdr@engineering.utoronto.ca

**Table 1: Required letters of support and the amount of matching contribution from partner divisions and/or their department/institute**

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| --- | --- | --- | --- | --- |
| Letter of Support Required | | | | |
| Partner Division | FASE | FASE Dept./Inst. | Partner Division | Partner Division’s Dept./Inst. |
| Temerty FoM | No | Yes ($15,000/year) | No | Yes\*($15,000/year) |
| MbD | No | Yes ($15,000/year) | No | Yes\*($15,000/year) |
| TBEP | No | Yes ($15,000/year) | No | Yes\*($15,000/year) |
| KITE | No | Yes ($15,000/year) | No | Yes\*($15,000/year) |
| FAS | No | Yes ($15,000/year) | No | Yes ($15,000/year) |
| UTM | No | Yes ($15,000/year) | No | Yes ($15,000/year) |
| UTSC/EDCRG | No | Yes ($15,000/year) | Yes ($30,000/year) | n/a |
| DLSPH | No | Yes ($15,000/year) | Yes ($30,000/year) | n/a |
| Other Divisions+ | No | Yes ($15,000/year) | TBC$ | TBC$ |

\* includes the UofT affiliated hospitals

+  includes single department-Faculty

$ Please consult with your divisional research office