



CACCN RESEARCH GRANT APPLICATION

PRINCIPAL INVESTIGATOR:

Name: _____

Address: _____

CACCN #: _____ Provincial Registration #: _____

Telephone: Residence: _____ Business: _____

Email address: _____ Facsimile: _____

CO-INVESTIGATOR(S): (if applicable)

Name: _____

Address: _____

CACCN #: _____ Provincial Registration #: _____

Telephone: Residence: _____ Business: _____

Email address: _____ Facsimile: _____

PROJECT TITLE

 **AFFILIATED INSTITUTION/AGENCY**

Name: _____

Address: _____

Phone: _____

Contact: _____

 **ANY OTHER FACILITY/GROUP INVOLVED IN THE PROJECT?**

Name: _____

Address: _____

Phone: _____

Contact: _____

Type of Involvement: _____

 **SIGNATURES**

The undersigned agree that the general conditions governing the award of a grant, including citizenship or permanent resident status in Canada, as set forth in the Guidelines for Application, apply to any grant made pursuant to this application and are hereby accepted by the applicant and the institution/agency which employs the applicant or with which the applicant is affiliated.


Signature: Principal Investigator: _____

Name: _____

Date: _____

CURRICULUM VITAE

Name: _____

 **EDUCATION:** (Please also include any program(s) in which you are currently enrolled.)

<u>Degree</u>	<u>Institution & Location</u>	<u>Major</u>	<u>Year Degree Obtained</u>
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 **CRITICAL CARE NURSING EXPERIENCE**

 **PUBLICATIONS**

<u>Article</u>	<u>Publication</u>	<u>Year Published</u>
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CURRICULUM VITAE

Name: _____

 **RESEARCH EXPERIENCE**

 **PRESENTATIONS**

<u>Article</u>	<u>Presented at/to</u>	<u>Year Presented</u>
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 **CACCN PARTICIPATION**

CURRICULUM VITAE

Name: _____

 PROFESSIONAL ASSOCIATIONS

Signature: **Investigator:** _____

Name: _____

Date: _____

PROPOSED BUDGET

✿ **Personnel** List all personnel involved in the project, whether being paid from project funds or not. In the latter case, put N/A in the last two columns on right.

Name	Title and Project Contribution	Time Commitment	Rate of Pay Per Hour	Estimated Expenditure

✿ **Subtotal:**

Equipment/supplies/services/other e.g., computer	Estimated Expenditure

✿ **Subtotal:**

✿ **Total Budget:** \$ _____

✿ **Funding Requested from CCCN:** \$ _____

✿ **List other sources of funding received or applied for and amount:**

SUMMARY OF PROPOSAL:

- ✿ In 5 pages or less provide:
 - ✿ Background
 - ✿ Pertinent Literature
 - ✿ Purpose/Hypothesis/Research Question
 - ✿ Method
 - ✿ Data Analysis Plan
 - ✿ Relevance to Nursing