**1: Facesheet**

|  |
| --- |
| Name of applicant: Signature: Date:  |
|  Mailing Address: | Telephone #: FAX #: e-mail:  |
| Supervisor/Mentor’s full name (if applicable Signature: Date:  |
| Please indicate which of the following documents are required for this project (check all that apply): Human ethics approval  Consent forms  Explanatory notes to subjects Animal care approval  Laboratory biosafety approval |
| Title of research:  |

**2. Project Summary Sheet**

Project Summary: Outline the proposal in the space below; state the objective of the project, and sketch the methods to be used. Do not use another sheet for the project summary.

##  .

Relevance Statement: Please include a statement about the mental health relevance of your proposal; show the pertinence of the project to the mandate of the Developmental Disabilities Program

**3: Project Description**

**4. Budget Sheet: Research Grant**

Name of principal investigator:

|  |  |
| --- | --- |
| **Personnel**Specify role | **Amount** |
|  |  |
|  **Total for Personnel:** |  |
| **Equipment**  |  |
|  **Total for Equipment:** |  |
| **Supplies and Material** |   |
|  **Total for Supplies & Material:** |  |
| **Other Expenses**Please specify: |  |
|   **Total for Other Expenses:** |  |
|  **Total Budget**  |  |

**5. Statement by Applicant**

**6. Applicant’s biographical sketch**

**6. Supervisor’s biographical sketch**