**Ministry of Colleges and Universities**

**COVID-19 Rapid Research**

**Fund Application**

Before completing the application, carefully review the COVID-19 Rapid Research Fund Program Guidelines for details regarding completion of the form. Please contact the Ministry for a French version of this document and/ or in a format that meets current accessibility requirements under the Accessibility for Ontarians with Disabilities Act (AODA).

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| **For Ministry Use Only** |
| COVID-19 Rapid Research Application Number |
| **1. General Information** |

## Proposal Title

## *Enter the name of your proposal. Please be concise 2-3 lines.*

## Type of Project



## Funds Requested from the Government of Ontario

|  |  |  |  |
| --- | --- | --- | --- |
| **Request** | **2020 - 2021** | **2021 - 2022** | **Total** |
| Indicate the dollar value of the COVID-19 Rapid Research grant |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Lead Institution Contact** | |  |  |
| Last Name | | First Name | Title |
|  | |  |  |
| **Address** | |  |  |
| Unit Number | Street Number | Street Name | PO Box |
|  |  |  |  |
| City/Town | | Province | Postal Code |
|  | |  |  |
| Telephone Number | | Fax Number | Email Address |
|  | |  |  |
| **Principal Investigator** | |  |  |
| Last Name | | First Name | Title |
|  | |  |  |
| Host Institution/ Organization Department | | | |
|  | | | |
| **Address** | |  |  |
| Unit Number | Street Number | Street Name | PO Box |
|  |  |  |  |
| City/Town | | Province | Postal Code |
|  | |  |  |
| Telephone Number | | Fax Number | Email Address |
|  | |  |  |

## Collaborating Institution(s)

*List other institution(s) collaborating on the project (if applicable).*

## Project Keywords

*List up to ten words that specifically describe relevant disciplines(s) of the proposed research.*

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| **2. Project Overview** |

## Brief Description of Project (no more than 1500 characters or 1/2 page)

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**Linkages to other Awards (no more than 1500 characters or 1/2 page.)**

*Please specify if this proposal or any directly related project is being funded by other granting councils, institutions or funding agencies in Ontario, Canada or internationally?*

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| **3. Research Proposal** |

*Insert a maximum of three (3) pages*.

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| **4.** **Project Milestones** |

## List key milestones for the project and timelines in the table below (maximum 1 page).

|  |  |  |
| --- | --- | --- |
| **Item** | **Milestone Description** | **Expected**  **Completion Date** (year 1 through year 2) |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

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| **5. Project Budget** |

A detailed budget including expenditures and contributions over the two-year time period.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expense Category** | **Year 1** | **Year 2** | **Total** |
| Personnel |  |  |  |
| Materials and Supplies |  |  |  |
| Other Expense Categories *(please list)* |  |  |  |
| a. |  |  |  |
| b. |  |  |  |
| c. |  |  |  |
| Ontario Funding Request and Other Sources of Funding  *(if applicable)* |  |  |  |
| **Total** |  |  |  |

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| **6. Attachments** |

A short CV for the Principal Applicant(s) and Collaborators. Maximum of three (3) pages per CV must accompany this application.

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| **7. Signatures** |

The undersigned acknowledges that the information and documentation provided is true, accurate and complete, and may be shared with Ministry staff and others for the purposes of administering the program.

|  |  |  |
| --- | --- | --- |
| Name and Title of Applicant | Signature | Date (yyyy/mm/dd) |
|  |  |  |

Authorized Signing Officer (VPR, CAO or equivalent).

|  |  |  |
| --- | --- | --- |
| Name and Title | Signature | Date (yyyy/mm/dd) |
|  |  |  |

Please note that the Ministry is subject to the Freedom of Information and Protection of Privacy Act. Personal Information in this form is collected under the authority of the Ministry of Industry, Trade and Technology Act for the purpose of administering

the program. Questions about this information collection should be directed to Director, Science and Research Branch by email [at Katherine.Kellygatten@ontario.ca](mailto:Katherine.Kellygatten@ontario.ca) or by phone at (416) 459-4392.