**Continuing Professional Development Innovation & Research Grant (CPD IRG) Application – Form A**

Personal information provided in your application will be used solely for the purposes of adjudication and treated in accordance with CPD’s Privacy Policy.

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| Principal Investigator |
| Name:  |
| Department (and Division where applicable): |
| Rank (e.g. Professor, Asst. Professor, etc.): |
| Telephone: | Email: |
| Signature of Applicant: | Date: |
| Co-Applicant (if applicable) *\*If the project has multiple co-applicants, include information for all co-applicants below by adding new rows below.* |
| Name: |
| Department (and Division where applicable): | Rank: |
| Telephone: | Email: |
| Signature of Co-Applicant: | Date: |
| Project Information |
| Project Title: |
| Ethics Required:[ ]  Human [ ]  N/A [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Total Amount Requested:$ |
| Duration of Project (in months, maximum 12 months): | Proposed starting date: |