**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: |