

# Department of Obstetrics & Gynaecology

Finance Management Committee

Academic Enrichment Fund

## Project Funding Application

### *Areas that will be considered for support:*

1. Faculty Sabbaticals
2. Pilot Project Funding
3. Bridge Funding
4. Resident Research Projects
5. Educational Initiatives

**\*\*Please note:** The Project must result in the production of an abstract, publication or presentation within 18-24 months of receiving approval from the Finance Management Committee (FMC). The Principal Investigator must submit a progress report after 12 months, at which point the PI may also choose to request a 1 year extension.

Funds remaining after 2 years following project inception will be returned to the Department.

### *Guidelines:*

1. Applications submitted by a Basic Scientist Faculty member are strongly encouraged to demonstrate collaboration with a Clinical Faculty member and/or Resident trainee.
2. Applicants' primary appointment must be in the Department of Obstetrics and Gynaecology.
3. Cross-appointed members of the Department may apply in collaboration with a primary appointed faculty member of the Department.
4. Faculty members must seek funding from alternate sources, when alternate sources of funding exist, in conjunction with this application. The Finance Committee must be informed of all alternate funding sought and the final decisions regarding these applications including the reasons for an application being declined.
5. Relevant documentation relating to Ethics Approval (Human/Animal) and Proposed Budget must accompany the application form.
6. A maximum of \$7,500 may be approved per academic year, per Department member. Requests over \$7,500 will be considered, but will not routinely be approved.

### *How to Apply:*

There are two ways that you can apply:

1. Request a paper application form from the Departmental Office by e-mailing: Dawn Vanhie at [dawn.vanhie@lhsc.on.ca](mailto:dawn.vanhie@lhsc.on.ca).
2. Download a copy of the form from the Department website (<http://www.uwo.ca/obsgyn>) under AEF & Travel Fund and submit it to the Department Office to the attention of Dawn Vanhie, LHSC B2-403.

### *Once approved:*

1. A statement of expenditures, with **all** original invoices must be forwarded to the Department Office.
2. The hospital Department of Obstetrics and Gynaecology will be the sole owner of any equipment purchased through the AEF project fund.

**Department of Obstetrics & Gynaecology**  
 Finance Management Committee  
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**PROJECT FUNDING APPLICATION**

Principal Investigator:	Mailing Address/Phone/Fax:
Email:	
Co-Applicants:	
Title of Project:	
Amount of Funds Requested:	

Location of Research Study: \_\_\_\_\_

Is a current Ethics approval form attached:

Not Applicable

Standing Committee on Human Ethics

Council on Animal Care

YES NO

YES NO

Applied for:

Applied for:

Applicant:	Finance Chair Approval:
Date:	Name: Date:

1. List other funds (a) applied for, and (b) received as they relate to this application. Give agency, amount, title of projects, and role. Include funds from other trust funds. All applications must be indicated, whether or not they have been approved.

a) Funding Applied for:		
Agency:	Amount:	Title:
b) Funding Received:		
Agency:	Amount:	Title:

3. Please provide an outline of the proposed Project Fund request on not more than Two (2) attached pages using a 12 pitch font (APPENDIX “A”), single spaced.

The outline should include the following as applicable:

- 1) purpose of the research/equipment needs/educational course
  - 2) background information
  - 3) hypothesis and formulation of the objective
  - 4) experimental plan or design, including pitfalls
  - 5) expectations, including for example: audience, distribution (web page, book etc.)
4. Please provide a proposed budget, including Budget Justification, for the Project Fund request (APPENDIX “B”)

**APPENDIX A**  
**Department of Obstetrics & Gynaecology**  
**AEF Project Fund Application**

**OUTLINE**

APPENDIX B  
**Department of Obstetrics & Gynaecology**  
**AEF Project Fund Application**

**PROPOSED BUDGET**

Name of Applicant: \_\_\_\_\_

Provide estimates for a FULL YEAR. Amounts must be in Canadian funds.

RESEARCH STAFF	FTE	Amount
Technicians		
Other (please specify)		

RESEARCH TRAINEES	FTE	Amount
Summer Students		

MATERIALS, SUPPLIES AND SERVICES	Amount
Equipment	
Animals	
Expendables	
Services	
Art Work/Publication Costs	
Other (please specify)	

TOTAL REQUEST: \$ \_\_\_\_\_

**APPENDIX B (continued)**  
**BUDGET JUSTIFICATION**