

2021 Scholarly Activity & Research Funding Application

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| Project Title: |  |

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|  | **Principal Investigator (must be a SSM AMA member)** |
| Name: |  |
| Email: |  |
|  | **CO-APPLICANTS** |
| Names: |  | NOSM Student? |
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| **Primary Contact if different than the Principal Investigator** |
| Name: | Email: |

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| Does this project require REB approval? | No [ ]  Yes [ ]  |
| Is this a NOSM Medical Student Project? | No [ ]  Yes [ ]  |

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| **PROJECT DESCRIPTION:****Please provide a lay summary of the proposed project. Attach a project summary if applicable. Background, Specific Objectives, Hypothesis, Methods, and Expected Results.**  |

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| **PROJECT GOALS:****Please describe the overall goals of your project and who will potentially benefit.** |

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| **FUNDING:****Total Amount of Funding Requested from SSM AMA:****Amount of funding or in-kind support from all other sources for this project (please identify sources):****Please attach the SSM AMA budget form to this application.** |

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| **FUNDING MANAGEMENT:**The Sault Ste. Marie Academic Medical Association (SSM AMA) will be the transfer agency and will manage and report on all project funds received and used. |

All successful applicants will be required to submit a final report or update outlining how they used their funding as well as a copy of all receipts and invoices in support of their scholarly activity within 1 year of receiving their funding.

By signing below, you agree to the stipulations above and will use the funding as described in your application:

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| Principal Investigator Signature | Date |
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