

2021 Scholarly Activity & Research Funding Application

|  |  |
| --- | --- |
| Project Title: |  |

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

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

|  |
| --- |
| **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.** |

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

|  |
| --- |
| **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.** |

|  |
| --- |
| **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:

|  |  |
| --- | --- |
| Principal Investigator Signature | Date |
|  |  |