



## APPLICATION FOR ACHRI MATCHING FUNDS

### APPLICATION SUBMISSION ATTACHMENT CHECKLIST

- Application for ACHRI Matching Funds
- One page summary of research proposal (this can be the "Summary", "Objectives" or "Specific Aims" page from the grant application)
- Current CV

### APPLICATION SUBMISSION INSTRUCTIONS

Please submit the application and supporting documents as one single PDF file to [achri.awards@ucalgary.ca](mailto:achri.awards@ucalgary.ca)

#### PERSONAL INFORMATION

NAME

FACULTY

DEPARTMENT

EMAIL ADDRESS

**FUNDING COMPETITION**

AGENCY	COMPETITION
MATCHING REQUIREMENT BY GRANTING AGENCY e.g. 1:1	MATCHING AMOUNT REQUESTED FROM ACHRI \$
TOTAL REQUEST FROM GRANTING AGENCY \$	CONTRIBUTION FROM OTHER PARTNERS (e.g., AHS, SCNS) \$

**MULTI-CENTRE PROPOSALS ONLY**

LEAD INSTITUTION ON GRANT APPLICATION	EVIDENCE OF PROPORTIONATE MATCHING FROM OTHER CENTRES
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**NEW INVESTIGATORS ONLY**

AVAILABLE STARTUP FUNDS YES  NO

IF YES JUSTIFICATION FOR APPLYING

**APPLICANT LIST**

NAMES AND TITLES OF CO-PIs, CO-INVESTIGATORS AND COLLABORATORS *Attach additional page if necessary*

Name	Role (Co-PI, Co-Investigator or Collaborator)

**OPTIONAL**

EXPLANATION OF CHILD AND MATERNAL HEALTH BENEFIT IF NOT OBVIOUS FROM SUMMARY

DATE

**FOR ACHRI USE ONLY**

APPLICATION RECEIVED (DATE):

APPLICATION REVIEWED (DATE):

DECISION FUNDING AMOUNT:

COMMENTS: