### College of Nursing - Research Grant Intake Form

# This form must be used when submitting grant applications for College signature.

- 1) Complete College and Research Services Intake Forms.
- 2) Email the forms and a pdf of the final application including all required signatures and all CVs, to <a href="mailto:raeleen.wilson@usask.ca">raeleen.wilson@usask.ca</a> at least 3 business days prior to Research Services 5 business-day deadline.
- 3) At the same time, submit a double-sided paper copy of the final application including all required signatures and all CVs to Raeleen Wilson. A paper copy of the intake forms is not required.

Name

Surname, Given Name(s)

Role on Grant Principal Investigator

Co-Principal Investigator

Nominated Co-Principal Investigator

Co-Investigator

Title

# **Funding Agency**

Please indicate the impact of funding as below; providing additional information as indicated

#### Personnel

Funding provides/requires release from teaching duties

Yes

No

If yes, percentage or number of courses

If yes, application for College support has been submitted Yes No

Funding provides College support for:

College undergraduate student support College graduate student support

Does your proposal require the use of College support staff; e.g. IT, research, academic?

If yes, describe the nature of the support and estimated time:

#### **Space**

Proposal requires construction of new space or renovation of existing space in the College

Yes

No

If yes, included as part of your budget

Yes

No

Proposal requires College space for graduate student(s), post-doctoral fellow(s), research assistants, and/or technicians

Yes

No

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|   | Additional phone lines, computer, printing and photocopying resources (as appropriate) budgeted                   | Yes | No |
|---|---|-----|----|
| Equipment   |   |     |    |
| Proposal requires purchase of new equipment for the College   |   | Yes | No |
| If yes:   | does this new equipment fit in existing space and has approval for it to be located there been granted?           | Yes | No |
|   | does this equipment require modifications to existing space to support the equipment – such as electrical wiring? | Yes | No |
|   | has this been included as part of your budget?  | Yes | No |
| Proposal requires movement of College equipment from a current space to a new space                             |   | Yes | No |
| If yes, included in budget  |   | Yes | No |
| Dronos  |   |     |    |
| Proposal requires the purchase and/or maintenance of computer hardware or software                              |   | Yes | No |
| If yes, included in budget  |   | Yes | No |
| Funding   |   |     |    |
| Are funds from the College required for ANY component of this grant?  |   | Yes | No |
| If yes Application for Matching Funds has been submitted to Associate Dean Research                             |   | Yes | No |
| Other If there are other resource or service implications to the College not yet identified please detail here. |   |     |    |

Signature Date (mm/dd/yyyy)

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