For Ministry use only:

Application Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Name of Principal Investigator: | Name and title of Project Contact: Phone Number:E-mail: |  |
| Name of Sponsoring Institution:  |  |  Address of Sponsoring Institution:; |  |
| Co-Applicants (Name, Institutional Affiliation, City):1.2.3. |
| New Application: □ Re-submission: □ If a re-submission, provide previous application number:  |
| Title of Research Project: |
| Purpose of Project:Project Description: |
| Project Dates (start date, estimated end date): |
| Total Cost of Project: |  Funds Awarded to Date:    |  Current Request: |  |
| Other Funding Have you applied to any other funding agency for support for this project? YES □ NO □If YES, please attach a copy of the application for funding or notification of successful funding. |
|  **Signatures** It is understood that the general conditions governing the Ontario Ministry of Transportation Road Safety Research Partnership Program as outlined in the current Guidelines are hereby accepted and agreed to. |
| Principal InvestigatorTitle: |  | Head of DepartmentTitle: |  | Dean/Director of Research or Authorized Signing Officer of Sponsoring InstitutionTitle: |

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| Name of Principal Investigator: |
| Title of Research Project: |
| PROJECT ITEMS | Funds Requestedfrom MTO under RSRPP | Amount fromOther Sources including In-Kind Funding | Total Budget |
| SALARIES AND BENEFITS | XXXX NIL XXXX |  |  |
| Principal Investigator |
| Other Research Scientists(Post-doctoral, other) |  |  |  |
| Research Assistants |  |  |  |
| Technical Staff |  |  |  |
| Clerical, Secretarial, & Administrative Staff |  |  |  |
| SUBTOTAL: |  |  |  |
| EQUIPMENT & SUPPLIES |  |  |  |
| Hardware |
| Software |  |  |  |
| Consumables (including maintenance contract costs) |  |  |  |
| SUBTOTAL: |  |  |  |
| OTHER COSTS |  |  |  |
| Computing Costs |
| Direct Administrative Costs |  |  |  |
| Travel & Accommodation |  |  |  |
| Overhead (explain how obtained)- maximum of 15% of total budget |  |  |  |
| Other (explain) |  |  |  |
| SUBTOTAL: |  |  |  |
| GRAND TOTAL: |  |  |  |

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| Name of Principal Investigator: |
| Title of Research Project: |
| **SUMMARY OF RESEARCH PROJECT**(Non-technical language; 300 words maximum) |
|  |

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| Name of Principal Investigator: |
| Title of Research Project: |
| CERTIFICATE OF ETHICAL ACCEPTABILITY FOR RESEARCH INVOLVING HUMAN SUBJECTSThe members of the local ethical review committee, having examined the application for funding of the above-named project, consider the procedures outlined by the applicant in the proposal to be acceptable on ethical grounds for research involving human subjects.MEMBERS OF THE ETHICAL REVIEW COMMITTEE |
| NAME: | TITLE (academic position) | FIELD OF EXPERTISE |
| Date | Head of Ethics Committee or Authorized Signing Officer |