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| New Logo - College.JPG | **Sault College Applied Research** |

**APPLICATION FORM**

# Project Outline

|  |  |
| --- | --- |
| **Title of Project** |  |

### Timeframe

|  |  |
| --- | --- |
| Expected start date of research project: |  |
| Expected end date of research project: |  |

### Researchers

*Principal Researcher*

|  |  |
| --- | --- |
| Name: |  |
| Institution/Program Affiliation: |  |
| Email: |  |
| Telephone: |  |

*Project Researchers*

|  |  |
| --- | --- |
| Name: |  |
| Institution/Program Affiliation: |  |
| Position: |  |
| Email: |  |
| Telephone: |  |

(Attach list as required)

*Project Manager*

|  |  |
| --- | --- |
| Name: |  |
| Institution/Program Affiliation: |  |
| Position: |  |
| Email: |  |
| Telephone: |  |

Brief Abstract of Research Project(Maximum 500 Words)

Please include the purpose of the research project, intended outcomes, and discussion methodology. Also include information about industry partner(s) and the research team members, including their area of expertise and research experience.

(Attach your abstract to this application.)

# Project Funding

Is funding required? [ ] Yes [ ] No

Has funding been confirmed? [ ] Yes [ ] No [ ] In part

### Sources of Funding

1. Please list funding agencies that are supporting this research project and whether the funding has been confirmed.

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| **Agency** | **Approved Date** |
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1. Please list other partners such as private sector enterprises that are stakeholders in the proposed project.

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| **Company or Partner Name** | **Description of Involvement** |
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Total approximate value of research project, including all cash and in-kind contributions from funding agencies and other partners.

**$**

# Impact on Sault College

### Implications and Costs to the College

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| a. | Will this research result in any financial (direct) costs to the College such as wages, equipment or supplies to be purchased? If yes, please itemize what each cost would be. |
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| b. | What in-kind (indirect) physical resources do you require of Sault College? i.e. lab space; administration; supplies |
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| --- | --- |
| c. | In-kind Human Resources - (People Hours) |
| **College Member** | **Number of individuals** | **x** | **Hours per individual** |  | **Total in-kind of hours service** |
| Students |  | x |  | = |  |
| Professors |  | x |  | = |  |
| Managers |  | x |  | = |  |
| Support Staff |  | x |  | = |  |
| Technicians:  |  | x |  | = |  |
| Other: |  | x |  | = |  |

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| d. | Will this research have any implications for Health, Safety, or Security for the College? If yes, please explain. |
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### Benefits of Proposed Research to Sault College/Community

1. Please list intended benefits of the project to the College and or community.

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1. Will the name of the College be identified in your final report? [ ] Yes [ ] No

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| --- |
| Please explain how/where the College will be identified in the report. |
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|  |  |
| --- | --- |
| c. | How will the findings of your research be disseminated? |
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# Research Involving Human Subjects

Does the project include research that involves human subjects? [ ] Yes [ ] No

If yes, the project must first be endorsed by the Research and Development Committee (RDC) and the College President. After the project has been endorsed, the researcher must ALSO complete and submit an *Ontario Community College Multi-site REB Application Form* for approval by the Sault College Research Ethics Board (REB).

Only after attaining BOTH approvals can the research activities begin.

# Submission

By signing this application form, you certify that all information regarding the research project and the researchers is true, complete and correct to the best of your knowledge.

If this application is denied, the rationale will be stated in writing and forwarded to you. A written record of the reason(s) for denial will be kept on file by the individual that denies the application.

Signature of Principal Researcher Date Application Submitted

### Endorsement of Proposed Research (to be completed by Sault College)

**Endorsement of Research Development Committee (RDC):**

Chair Name

Signature Date

Comments:

**Endorsement of Sault College President:**

Name

Signature Date

Comments

### Research Ethics Approval (to be completed by Sault College)

This portion is to be completed following project review by the Sault College Research Ethics Board (REB), only for research involving human subjects that is not exempt from REB review as per the provisions of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS)*.

**Has this research project been approved by the Research Ethics Board?**

[ ]  Yes, the research project complies with the Sault College policy of Research Involving Human Subjects. Research ethics approval has been granted.

[ ]  No, the research project does not comply with the Sault College policy of Research Involving Human Subjects. Research approval has not been granted. Please attach written explanation given by the REB for denial of the application and suggested changes for re-submission if given by REB.

Date first submitted to REB:

Date approved by REB:

If project was re-submitted with recommended changes after the initial review, please provide a brief history of the dates and outcomes below.