

# PART ONE**Impact Grant**| Application

Impact Grants provide support for Knowledge Mobilization activities and other forms of research dissemination. Impact Grants aim to mobilize and/or leverage existing and ongoing research, particularly grant- funded research. The grants are intended to encourage innovative and effective approaches to disseminate, transfer, exchange, synthesize and broker research results to audiences inside and outside the academic community, including knowledge-users.

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| **Applicant Information** | | | | |
| Principal Applicant | Department / Faculty | | Type of Academic Appointment Held | |
|  |  | |  | |
| Email Address | Telephone Number | | Date of Last CUE Impact Grant | |
|  |  | |  | |
| Project Title (or title of presentation) | | | | |
|  | | | | |
| Knowledge Mobilization Activity Type (Conference presentation, workshop, presentation, artistic exhibit or performance, etc.) | | | | |
| Describe activity: | | | | |
| Is the research being disseminated the product of Concordia University of Edmonton grant-funded research? Yes ☐ No ☐ If Yes, indicate the year(s) awarded: | | | | |
| Is the research being disseminated the product of externally funded research? Yes ☐ No ☐ If Yes, describe the funding source and year(s) awarded: | | | | |
| Activity Start Date | | Activity End Date | | Amount Requested (Annual individual maximum of combined Seed & Impact grants is $5000) |
|  | |  | | $ |

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| **Previous Funding (if applicable)** |
| If applicable, please describe any previous funding awarded (internal or external) you have received in the past 3 years. List additional source(s) of funding you sought, including the funding agency, amount requested and date of application, and indicate if it was successful or not. (**Maximum 500 words**) |
| Enter response here |

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| **Relationship to other Research Support. Has this application, or parts of it, been submitted, or will be submitted, to another competition which was successful or is in the process of adjudication?** Yes ☐ No ☐ |
| If the same application, or a closely related one, has been submitted to another process and you obtain funding you may still participate in the competition. However, if awarded, you will be required to decline one of the awards. CUE Internal Research Grants program, and most granting agencies, does not allow duplicity of funding. **All applications to external funding must be notified to the Office of Research Services**.  Please explain, if applicable. (**Maximum 250 words**) |
| Enter response here |

# PART TWO

For Knowledge Mobilization activities that require **travel** to present at a conference, workshop, event, or similar activities including organizing symposia and workshops, complete Section 1. For all other Knowledge Mobilization activities, complete Section 2.

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| **Knowledge Mobilization Activity Information** | |
| **Section 1 | Conference and Event Travel Description** | |
| Provide details here about conference or event. Other Knowledge Mobilization activities, proceed to Section 2 | |
| Name of Conference / Event | |
|  | |
| Link to Conference / Event Website | |
| Sponsoring Organization and Venue of Conference / Event | |
|  | |
| Location of Conference / Event (City, Country) | Type of Travel (Check one) |
|  | Canada ☐ USA ☐ International☐ |
| Dates of Conference / Event | Conference / Event Frequency (annual, biennial, inaugural) |
|  |  |
| Role and Participation in the conference / workshop / event (check all that apply) | |
| Keynote Speaker ☐ Invited Oral Paper Presenter ☐ Invited Poster Presenter ☐ Invited Panel Presenter ☐  Invited Workshop Leader ☐ Invited artistic exhibitor or performer ☐ Other (describe): | |
| Describe the adjudication/selection process for the activity (i.e. peer reviewed or juried abstract submission). If selection process is unavailable, explain why | |
|  | |
| Will the proceedings be published? | |
| No ☐ Yes ☐ If Yes, describe the publication and distribution: | |
| **Importance of Conference / Event**  Provide a brief description of this event. Explain its importance, prestige, renown, visibility and/ or influence within your academic community and if applicable, outside academia.  Describe the audience for this dissemination activity.  Explain why this conference / event is the most appropriate venue for your work. (**Maximum 300 words**) | |
| Enter response here | |
|  | |
| **Section 2 | Other Knowledge Mobilization Activity (if applicable)** | |
| Complete this section only if your activity is NOT research dissemination travel to conference or event.  Provide a brief overview of the Knowledge Mobilization or outreach activity proposed. Explain why the proposed activity is the most effective way to communicate your research results. Include a statement regarding the overall goal and specific objectives of the endeavor.  Describe the audience(s) for your activity (academic, artistic, practitioners, policy makers, etc.) and why it is important to connect with the specified audience(s). Highlight any partnerships (industry, non-profit or community groups, etc.) that the activity may facilitate. (**Maximum 300 words**)  Maximum ½ page | |
| Enter response here | |

# PART THREE

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| **Research Description** |
| Provide a brief overview of the research being disseminated. Indicate its significance to your field of study or discipline as well as the importance of this dissemination activity for the advancement of your research program.  (**Maximum: 600 words**) |
| Enter response here |

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| **Proposed Budget** | | | | | | |
| If required, add more lines, or attach additional page. | | | | | | |
| **Travel** | | Identify person(s) traveling and list the location(s) visited. Attach airline quotes to estimate cost of travel. Consult Institutional Travel Policy for eligible expenses. Provide brief rationale for all expenditures and justification for unique requests such as car rental, | | | | |
|  | | Destination | | Total Cost | Justification | |
| Air Travel | |  | | $ |  | |
| Ground Travel (taxi, shuttle, public transportation) | |  | | $ |  | |
| Mileage | |  | | $ |  | |
| Conference Registration | |  | | $ |  | |
| Other | |  | | $ |  | |
| Other | |  | | $ |  | |
| **Subsistence** | | Specify per diem and accommodation amounts. Attach accommodation quotes to estimate total cost. Consult Institutional Travel Policy for current per diem rates and eligible expenses. | | | | |
|  | | Number of Days | Rate | Total Cost | Justification | |
| Accommodation | |  | $ | $ |  | |
| Per diem | |  | $ | $ |  | |
| Other | |  |  | $ |  | |
| **Equipment, Supplies and Materials** | | Justify items and discuss the availability and accessibility of similar items within the institution and city. For equipment, give models, manufacturers. For items over $500, attach quotes. | | | | |
| Item | | | | Total Cost | Justification | |
|  | | | | $ |  | |
|  | | | | $ |  | |
| **Other Expenses** | Items should be described clearly | | | | | |
| Item | | | | Total Cost | Justification | |
|  | | | | $ |  | |
|  | | | | $ |  | |
|  | | | | $ |  | |
| **TOTAL COSTS** | | | | | | $ |
| **FUNDS FROM OTHER SOURCES (ie Professional Development funds)** | | | | | | $ |
| **TOTAL GRANT REQUESTED** | | | | | | $ |

PART FOUR

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| **Signatures and Approvals** |  |  |
| Approvals are required from the Department Head (if applicable) and Department Chair for the applicant and all co-applicants. | | |
| **Applicant**   * agree to participate as outlined; * verify they have the necessary time and other requirements to fulfil the proposed activities; * agree to comply with policies and procedures and the terms and conditions of this funding program. | | |
| Principal Applicant - please print name | signature | date |
| **Department Head (or Director):**   * have read the proposal and agree that the obligations can be fulfilled; * verify that the applicant has the necessary time and other requirements to fulfil the proposed activities; * agree that department resources identified in the proposal will be available to complete the project. | | |
| Department Chair – please print name | signature | date |

PART FIVE

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| **Application Checklist** | |
| **Completed Application Form**   * Applicant Information * Knowledge Mobilization Activity Information (For conferences / events, complete Section 1; for other activities Section 2) | * Research Description * Budget * Signature of applicant and department chair |
| Signatures | |
| **Attachments to the Application** | |
| CAQC CV | |
| Conference Acceptance Letter or invitation to present (or indicate if pending) | |
| Abstract of conference presentation or activity (includes performance or artistic statements where applicable) | |
| Artistic exhibition or performance supporting documents (indicate if not applicable) | |
| Travel Quotes or screen grabs for flight and accommodation, registration fee (indicate if not applicable) | |
| Quotes for other expenses (indicate if not applicable) | |
| Any other documentation, letters of support, etc. (indicate if not applicable) | |

**Submission Instructions: Email signed application package as a single PDF document to** [research@concordia.ab.ca](mailto:research@concordia.ab.ca)