

SSHRC EXCHANGE GRANTS

Application



SSHRC Exchange Grants support small-scale knowledge mobilization activities, such as presenting research at a conference or organizing a workshop.

PART ONE

A					
Applicant Information					
Principal Applicant	Department		Faculty	Type of Academic Appointment	
		<u></u>			
Email Address		Telephone Num	iber	Date of Last Exchange Grant	
Project Title (or title of presentation	onl				
Troject file (of the of presentation	on,				
Knowledge Mobilization Activity T	Гуре (Conference presentation, v	workshop, presentat	ion, artistic exhibit or perf	formance, etc.)	
Describe activity:					
Is the research being disseminated	d the product of Concordia Univ	ersity of Edmonton	grant-funded research? Ye	es 🗆 No 🗆	
If Yes, indicate the year(s) awarde	ed:				
Is the research being disseminated	d the product of externally fund	ed research? Yes 🗆	No 🗆		
If Yes, describe the funding source					
Activity Start Date	Activity End Da	d Date		Amount Requested (Maximum \$1500)	
	,	and a state of the		7	
Dunious Funding /if and	lianhla)				
Previous Funding (if appl		we received in the n	ast three (3) years. List add	ditional source(s) of funding that you	
sought, including the funding ager					





Relationship to Other Research Support (if applicable) Has this application, or parts of it, been submitted to another competition? Yes No Will this application, or parts of it, be submitted to another competition? Yes No Neither SSHRC nor CUE support duplicate requests for funding (i.e., funding for the same activity, either in full or in part). If applicable, describe the results and impact of knowledge mobilization activities for which research funding was awarded. Describe any relationship between your previously funded dissemination activities and the current proposal. If external source(s) of funding were sought, indicate agency or sponsor, amount requested, and date of application, and indicate if the application was successful or not. Failure to disclose may result in rejection of the application, and/or disciplinary action.



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PART TWO

Knowledge Mobilization Activity Information

Section 1 Conference / Eve	nt Description	
Provide details here about the confe	erence or event. For small-scale knowledge m	obilization activities, such as organizing a workshop, go 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 and International □
Dates of Conference / Event		Conference / Event Frequency (annual, biennial, inaugural)
	to	
Role and Participation in Conference		
☐ 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 (e.g., peer reviewed,	juried abstract submission, none).
Will the proceedings be published?		
No \square Yes \square If Yes, describe the	publication and distribution:	
Importance of Conference / Event		
applicable, outside academia.		ibility, and/ or influence within your academic community and, if
Describe the audience for this disse		
Explain why this conference / even	t is the most appropriate venue for your work.	





Section 2 | Other Knowledge Mobilization Activity (if applicable)

•	Complete this section only if your activity does NOT require travel to a conference or event.
•	Provide a brief overview of the knowledge mobilization activity proposed. Include a statement regarding the overall goals and specific objectives of the endeavour.
•	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, community groups, etc.) that the activity may facilitate.





PART THREE

Research Description				
Provide a brief overview of the research being disseminated. Describe their significance to your field of study or discipline, as well as the importance of this dissemination activity for the advancement of your research program.				





Proposed Budget						
						be used for eligible expenses.
Travel	Identify person(s) traveling and list the location(s) visited. Attach airline quotes to estimate cost of travel. Provide brief rationale for all expenditures and justification for unique requests, such as mileage. Consult CUE's Travel Policy.					
	Description (e.g., des	stination, type,	location)	Total Cost	Justification	
Air Travel						
Ground Travel (taxi, shuttle, public transportation)						
Mileage						
Conference Registration	Registration					
Other						
Other						
Subsistence	Specify <i>per diem</i> and accommodation amounts. Attach accommodation quotes to estimate total costs. Consult CUE's Travel Procedure for current <i>per diem</i> rates and eligible expenses.					
	Number of Days	Rate (per day)	Total Cost	Justification		
Accommodation						
Per diem						
Other						
Other Expenses Items should be described clearly. Attach additional pages if required.						
Description T			Total (otal Cost Justification		
						_
TOTAL COSTS						
FUNDS FROM OTHER SOURCES (e.g. Professional Development funds)						
TOTAL REQUESTED						



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PART FOUR

Signatures and Approvals

Approvals are required from the Department Chair or Director (as applicable) for the applicant.

Applicant By signing, I verify that:

- I agree to undertake and complete the activities described above;
- I have the necessary time and resources to complete the proposed activities; and
- I agree to comply with the terms and conditions of this funding program, as well as all applicable CUE policies and procedures.

Principal Applicant	Signature	Date	
Department Chair (or Director) By signing, I verify that:			

- I have read the proposal and I agree that the applicant's obligations can be fulfilled;
- I agree that the applicant has the necessary time and resources to complete the proposed activities; and
- I agree that the departmental resources identified in this proposal will be available to complete the activities.

Department Chair or Director	Signature	Date

PART FIVE

Application Checklist				
 Completed Application Form Applicant Information Knowledge Mobilization Activity Information o Section 1 for conferences / events with travel o Section 2 for other knowledge dissemination activities 	 Research Description Budget Signature of Applicant and Department Chair or Director 			
□Attachments				
☐ Curriculum vitae (Common CV - SSHRC version only)				
\square Conference acceptance letter or invitation to present (or indicate if pending \square)				
☐ Abstract of conference presentation or activity (includes performance or artistic statements, where applicable)				
\square Artistic exhibition or performance supporting documents (indicate if not applicable \square)				
\square Travel quotes or screen grabs for flights, accommodations, and registration fees (indicate if not applicable \square)				
\square Quotes for other expenses (indicate if not applicable \square)				
☐ Signatures				

Submission Instructions: Email signed application package with attachments as one single PDF document to research@concordia.ab.ca