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SAMPLE



**Prefix:**

**First Name:** Partnerships

**Middle Name:**

**Last Name:** Tester

**Organization Affiliations**

Organization	Department	Job Position
Health Research BC-DO NOT USE		

**Host Institution**

**\*Applicants must be affiliated with a BC-based Host Institution to be considered for match funding.**

**Host Institution**

Please select your Host Institution from the drop down list.

**Nominated Principal Applicant**

**Nominated Principal Applicant**

Please select Yes or No. If "No", please provide the contact details of the Nominated Principal Applicant.

**Competition Profile**

Please provide us with information on the funding competition for which match funding is sought.

**Competition Granting Organization**

Other

**Please specify other granting organization**

Please select the name of the organization to whose research competition you are applying

**Competition Name**

Please enter the name of the specific competition to which you are applying.

**Link to Online Competition Guidelines**

Please provide a direct link to the application guidelines for the competition to which you are applying.

**When is the full application deadline?**

Please select the date of the competition's full application deadline.

**When is the anticipated date for notice of decision?**

Please select the date of the competition's anticipated notice of decision.

**When is the anticipated funding start date?**

If you are successful in the competition, please select the date you anticipate funding would start.

**Requested award duration (months)**

Please provide the anticipated award duration in months.

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## Letter of Support

**If your application is approved for match funding, do you require a letter of support from Health Research BC?**

Please select Yes or No.

**When is the latest date you require the letter of support?**

If you require a letter of support, please select the latest date that you require this letter of support.

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## Match Funding Requirement

**In the competition guidelines of the granting organization, is securing match funding a requirement for this application?**

Please select Yes or No.

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## Use of Health Research BC and equivalent match funds

**Will Health Research BC funds and the equivalent match funds be used in BC?**

Please select Yes or No.

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## Project Description

**Project Title**

Please enter the title of your research project.

**Project Overview**

Please provide a brief plain-language summary of the proposed research including the problem it will address and the anticipated outcomes and impacts.

**If this project spans across at least two provinces, please provide a brief description of the research project that will be conducted in BC.**

If this project spans across at least two provinces, please provide a brief description of the research project that will be conducted in BC. If your project will be conducted only in BC, please let us know here.

## Team Members

**Are there team members involved in this project?**

Yes

Name	Primary Affiliation	Province	Brief Description of Role
Test Team Member	Test Primary Affiliation	Select province	Please use this section of the application form to tell us about the role of team members involved in the research project including those out of province.

## Funding Request

**What is the total amount of match funds you are requesting from Health Research BC for this award (\$ CAD)?**

Please enter an amount in Canadian dollars.

**What is the total amount of funds you are requesting from the competition granting organization (\$ CAD)?**

Please enter an amount in Canadian dollars.

**Of this, what is the minimum amount that is expected to be used towards BC-based research (\$ CAD)?**

Please enter an amount in Canadian dollars.

**Please describe how the funds requested from Health Research BC and the match funds from the competition partner will be used in BC. (Provide a qualitative description or budget.)**

## Project Funding

**Have you secured any additional funding or in-kind support to date?**

Please select Yes or No. If Yes, click "Add Sources of Funding" and add the details into the pop-up box.

If No, please indicate your plans to obtain the required match funding in the textbox which appears instead.



Funder Name	Funding Amount	Cash/In-Kind	Confirmed/In Progress
Test Organization 1	\$5,000.00	Cash	Confirmed
Test Organization 2	\$10,000.00	In-Kind	In Progress

### Impact of Health Research BC Contribution

**Please describe how the receipt of match funding from Health Research BC will support your project. If Health Research BC does not provide match funding, will the application be submitted and what if any changes will be made to the scope of research proposed?**

Please describe how the receipt of match funding from Health Research BC will support your project. If Health Research BC does not provide match funding, will the application be submitted and what if any changes will be made to the scope of research proposed?

