**CPD Research and Development Grant**

**Faculty of Medicine, University of Toronto**

**Applicant Information**

**Name of Project Lead**

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**Primary Academic Appointment of Primary Lead (rank/status)**

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**Department / Division of Project Lead**

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**Name of Primary Contact (if different from project lead)**

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**Primary Contact Information**

**Email Address**

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**Verify Email Address**

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**Co-Applicant Names(s) and Departmental Affiliation(s)**

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**Collaborator Information**

**(Names and Departmental Affiliation)**

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**Project Title**

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**Executive Summary – Abstract** (100 word limit)

Summary of proposed project

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**Background and Rationale** (500 word limit)

A description of area of exploration, including discussion of current state of knowledge about the work proposed, existing scholarship in the field and gaps in knowledge. If a needs assessment has been done, please include a summary in this section.

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**Objectives / Research questions** (100 word limit)

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**Relevance to the goals of the grant and the CPD mission statement** (100 word limit)

Description of how the proposed project meets the criteria of the grant and is working toward the fulfillment of the mission of CPD.

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**Methodology** (500 word limit)

Describe the stated research methods and/or approaches for a development project. Choices must be clearly rationalized.

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**Evaluation Plan** (250 word limit)

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**Anticipated Impact** (100 word limit)

Include description of expected contributions to CPD educational programs or the state of knowledge in the field

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**Dissemination Plan**

Check or complete all that apply

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| [ ]  | Presentation(s)Include descriptions of where you aim to present your work |
|[ ]  Publication(s): Include description of where you aim to publish your work |
|[ ]  Other: Please describe |

**Project Team and Feasibility** (250 word limit)

Include a detailed description of the role and relevant qualifications of each member of the project team to ensure the feasibility and completion of the project

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**Timeline** (100 word limit)

Provide anticipated timelines with details of deliverables, time estimation and schedule for completion of the project

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**Budget** (maximum 1 page)

Provide a detailed budget. Please either enter text below or email a copy (Excel, Word, or PDF) of your proposed budget. Funds requested must be adequately justified. The request must not exceed $5000. The fund is not meant for supplemental funding of pre-existing grants, for acquisition of equipment, or for travel to scientific meetings. Please list any other funding/contribution sources supporting the project, including resources provided in kind.

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**Reference List** (maximum 1 page)

Include a detailed reference list as necessary

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**The following signatures are required to process this application:**

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| Principal Investigator | Division Chief or Department Chair |
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**Submission Checklist**

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| [ ]  | Completed application form with original signature of the Principal Investigator as well as a signature of the Division Chief or Department Chair |
|[ ]  Letter or email notification from University of Toronto or Hospital Research Ethics Board (REB) stating that ethics has been approved, the project is exempt, or that review is pending.  |
|[ ]  Appendices as they relate to the project, i.e. samples of the standardized questionnaires (maximum 2 questionnaires), interview protocol or other evaluation or instruments. Maximum 10 pages.  |

**Please submit completed and signed application form and other relevant details**

 **to Vashty Hawkins at** **vashty.hawkins@utoronto.ca****.**

**For questions related to the grant or application, please contact Morag Paton, Education Research Coordinator,**

**Continuing Professional Development at** **morag.paton@utoronto.ca** **or 416-978-4619**