**Logo for Social Sciences and Humanities Research Council
**

**George Brown College**

**2022-2023 SSHRC Exchange Grant**

**Application Form**

|  |
| --- |
| The Research & Innovation Team is available to support you throughout the process of completing your application form. We are here to help at any stage. Please contact us if you have any questions about your project suitability, funding eligibility, and how to apply at [research@georgebrown.ca](mailto:research@georgebrown.ca). |

**OVERVIEW** The **SSHRC** **Exchange Grant** is available for SSHRC-eligible researchers at any stage of their careers to conduct knowledge mobilization activities, including workshops or seminars, encourage collaboration, or to support conference attendance. This award provides researchers in the social science and humanities the opportunity to disseminate, promote, and develop their own research and facilitate collaboration and knowledge exchange with researchers outside of GBC. Researchers applying for domestic opportunities will be awarded $1,000, and those applying for international opportunities will be awarded $1,500.

|  |
| --- |
| Submit the entire application, including this form and all attachments, as a single PDF document to [research@georgebrown.ca](mailto:research@georgebrown.ca) |

**APPLICANT INFORMATION**

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| GBC Title | Click or tap here to enter text. |
| School/Department | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |

**PROJECT DESCRIPTION**

|  |  |
| --- | --- |
| Project Title | Click or tap here to enter text. |

**Conference Travel Description *if applicable***

|  |  |
| --- | --- |
| Name of Conference / Event | Click or tap here to enter text. |
| Link to Conference / Event Website | Click or tap here to enter text. |
| Location of Conference / Event  (City, Country) | Click or tap here to enter text. |
| Dates of Conference / Event | Click or tap here to enter text. |
| Proposed Presentation Type | Click or tap here to enter text. |
| Importance of Conference / Event (25 word maximum) | Click or tap here to enter text. |

**Knowledge Mobilization / Dissemination Activities Description**

|  |
| --- |
| Description of Proposed Knowledge Mobilization / Dissemination Activities in 250 words maximum. Provide a brief description of this event\*. Explain its importance, prestige, visibility and/or influence within your academic community and if applicable, outside academia, including a description of the audience for this dissemination activity. Explain why this conference / event is the most appropriate venue for your work. Please describe the significance of the conference / event to your field of expertise and professional career. |
| Click or tap here to enter text. |

*\*If you have already submitted an abstract for a conference, please include the abstract and acceptance email if available as attachments with the application.*

**TIMELINE**

Please describe the projected timeline for your SSHRC Exchange Activities.

|  |  |  |  |
| --- | --- | --- | --- |
| **Milestone** | **Description of Activities** | **Start Date** | **End Date** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**EXTERNAL FUNDING PLAN**

If the SSHRC Exchange grant will not be covering the full cost of your conference participation or workshop, provide details of how the remaining cost will be covered (100 word maximum).

|  |
| --- |
| Click or tap here to enter text. |

**BUDGET**

Provide a budget including a sound justification of each expense as it relates to your proposal goals. For travel expenses, you may break down your request further (e.g., poster printing costs, conference fees, accommodations, per diem costs, transportation). You may include quotes of expenses as optional attachments.

|  |  |  |
| --- | --- | --- |
| **Budget Category** | **Amount** | **Budget Justification** |
| Supplies and Equipment | Click or tap here to enter text. | Click or tap here to enter text. |
| Travel and subsistence costs – applicant/team member(s), student(s) | Click or tap here to enter text. | Click or tap here to enter text. |
| Other Expenses (e.g., honoraria, hospitality, professional/technical services) | Click or tap here to enter text. | Click or tap here to enter text. |
| **Total Project Costs** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Total SSHRC Exchange Funding Requested** (max. $1000 domestic or $1500 international) | Click or tap here to enter text. | Click or tap here to enter text. |

**ATTACHMENT CHECKLIST**

Check each box to indicate which attachments have been included with the application.

|  |  |
| --- | --- |
| **Mandatory** | **Optional** |
| Principal Investigator’s CV | Letter(s) of support  Quotes  Conference Abstract  Conference Acceptance Email  Other (specify): Click or tap here to enter text. |

**SIGNATURES AND APPROVALS**

Signatures are required from School Head/Chair for the applicant and co-applicant if applicable.

**Applicant:**

* Agrees to participate as outlined in the application
* Verify that they have the time and requirements to complete proposed activities
* Agrees to comply with policies, procedures, terms and conditions of this funding program

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant signature Date

**Department Head / Director:**

* Have read the proposal and agree that the obligations can be fulfilled
* Verify that the applicant has the time and requirements to fulfil proposed activities
* Agrees that departmental resources identified in proposal will be available to complete project

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head signature Date

**APPLICATION SUBMISSION**

Please email your complete application package to the Office of Research and Innovation at research@georgebrown.ca.

**For more information**, **please contact:**

Alexandra Hernandez | Program Manager, Office of Research and Innovation, GBC Alexandra.hernandez@georgebrown.ca