

NOAMA Grant Match Funding Application Form

1. Applicant Information

APPLICANT	
<p>The NOAMA Grant Match Funding (GMF) applicant is an applicant who is included as either the principal investigator (PI) or a co-investigator (co-PI) in the competition application.</p> <p>The NOAMA GMF applicant must be a NOAMA AFP participating physician.</p>	
Full Name:	
Email address:	
Faculty Appointment: (i.e. Asst. Professor)	
Institution:	NOSM University
Department:	

2. Competition Information

Competition Name	
Web link to competition guidelines	

Select the competition granting organization:

- PSI
 Canadian Foundation for Innovation
 CIHR
 Other

FUNDING DATES	
When is the full application deadline?	
When is the anticipated date for notice of decision?	
When is the anticipated funding start date?	

3. **Eligibility**

Are you a participating physician with the NOAMA AFP (member of the CPSO, have malpractice protection, have an academic appointment at NOSM U, and a signed Declaration and Consent form with the NOAMA)?

Yes No

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

Yes No

Will the NOAMA funds be used in Northern Ontario?

Yes No

Will your research activities work towards a demonstrable benefit to the health of Northern Ontario by addressing one or more of the [NOSM U priority areas](#)?

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Have you received prior approval through NOSM University’s ROMEIO system (see “Local Guidelines and Application Process - Grant Match Funding”)

Yes No

4. **Funding Request**

What is the title of your research project?

FUNDING	
What is the amount of match funds you are requesting from NOAMA for this award (\$ CAD)?	
What is the total amount of funds you are requesting from the competition granting organization (\$ CAD)?	
Total request (NOAMA + Other Granting Organization) (\$ CAD)	

OTHER FUNDING SOURCES:		
Are you requesting funding for this project from another source?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes', please specify by source, Yes/No if it's secured, and amount:		

Source	Secured	Amount
		\$
		\$
		\$

5. **Team Members**

Please provide the following information of the key project team members and their roles:

- Name
- Primary affiliation
- Brief description of the role

6. Project Description

Project Overview

Please provide the lay summary of the overall research project (max. 500 words).

Please provide a brief description of the research project that will be conducted in Northern Ontario (200 to 300 words).

Relevance to partnerships' priority areas

Please describe how your research activities will demonstrable health benefits to Northern Ontarians:

Please provide a DRAFT project application and budget. If a draft project application is not available, please provide a brief synopsis of your project as the review team will use this information to determine whether Grant Match Funding is applicable.

DRAFT project application attached

DRAFT application budget attached

7. Financial Budget

Please describe how the funds requested from NOAMA and the match funds will be used in Northern Ontario

Who will be the fund manager? If available, please provide a contact.

8. Impact of NOAMA's Grant Match Funding Contribution

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