**Seneca Applied Research Fund (ARF)**

**2020 Application Form**

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| 1. Total Grant Amount Requested from ARF   Amount must match the request on the budget sheet submitted. | **$** |

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| 1. Title of Applied Research Project |
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| 1. Project Summary for Public Release – 150 words maximum   Seneca may use the following information to promote the types of applied research activities that its faculty are engaged in, including on its website. |
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| 1. Investigator(s) |

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| * 1. Principal Investigator/Applicant (Project Lead) Information   Must be Seneca faculty (full and non-full time are eligible) | | | |
| **Name** |  | | |
| **Position** |  | | |
| **Email Address** |  | | |
| **Academic Faculty** |  | | |
| **School** |  | | |
| **Phone Number** |  | | |
| **Have you ever participated in an applied research project at Seneca?** | | **Yes** | **No** |
| **If yes, please describe briefly:** | | | |
|  | | | |
| **Have you ever received Seneca funding (FLRI, ARF, other) to support your applied research activities at Seneca?** | | **Yes** | **No** |
| **Have you ever received external funding (OCE, NSERC, SSHRC, other) to support your applied research activities at Seneca?** | | **Yes** | **No** |

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| * 1. Co-Investigator (if applicable)   Must be a Seneca employee. | | | |
| **Name** |  | | |
| **Position** |  | | |
| **Email Address** |  | | |
| **Academic Faculty** |  | | |
| **School** |  | | |
| **Phone Number** |  | | |
| **Have you ever participated in an applied research project at Seneca?** | | **Yes** | **No** |
| **If yes, please describe briefly:** | | | |
|  | | | |
| **Have you ever received Seneca funding (FLRI, ARF, other) to support your applied research activities at Seneca?** | | **Yes** | **No** |
| **Have you ever received external funding (OCE, NSERC, SSHRC, other) to support your applied research activities at Seneca?** | | **Yes** | **No** |

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| * 1. Co-Investigator #2 (if applicable)   Must be a Seneca employee. | | | |
| **Name** |  | | |
| **Position** |  | | |
| **Email Address** |  | | |
| **Academic Faculty** |  | | |
| **School** |  | | |
| **Phone Number** |  | | |
| **Have you ever participated in an applied research project at Seneca?** | | **Yes** | **No** |
| **If yes, please describe briefly:** | | | |
|  | | | |
| **Have you ever received Seneca funding (FLRI, ARF, other) to support your applied research activities at Seneca?** | | **Yes** | **No** |
| **Have you ever received external funding (OCE, NSERC, SSHRC, other) to support your applied research activities at Seneca?** | | **Yes** | **No** |

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| 1. Partner(s) |

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| * 1. External (Industry or Community) Partner   Required. | |
| **Company Name** |  |
| **Cash Contribution (if applicable)** | $ |
| **Company Address** |  |
| **Company Contact Name** |  |
| **Position at Company** |  |
| **Email Address** |  |
| **Brief Description of Partner – 200 words maximum** | |
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| * 1. External (Industry or Community) Partner #2   Optional. | |
| **Company Name** |  |
| **Cash Contribution (if applicable)** | $ |
| **Company Address** |  |
| **Company Contact Name** |  |
| **Position at Company** |  |
| **Email Address** |  |
| **Brief Description of Partner – 200 words maximum** | |
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| 1. Research Ethics Board (REB) Approval   If your research project will engage human subjects, you will required REB approval prior to commencing. | | |
| **Will the research involve human subjects?** | **Yes** | **No** |
| If your project requires ethics approval, and is approved under the 2020/21 ARF Call for Proposals, and you intend to begin research with human subjects in January, 2021, an application must be made to the REB by November 26, 2020.  The REB Coordinator will communicate rejections, approvals and requests for revision within approximately 10 business days from submission to the REB. Please visit <http://www.senecacollege.ca/research/ethics-board.html> for policies, procedures and forms, or contact [reb@senecacollege.ca](mailto:reb@senecacollege.ca) for additional information. | | |

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| 1. Project Proposal | | |
| * 1. Describe the challenge faced by the external partner which you will address in this project, including why this project is important to the external partner/anticipated impact on their organization – 250 words maximum | | |
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| * 1. Describe the innovative solution that addresses the challenge faced by the external partner and which you will develop during the course of this applied research project, and provide a high-level description of the research activities proposed – 400 words maximum | | |
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| * 1. Describe the unique opportunity that students will be afforded by engaging in this proposed research project – 250 words maximum   Please address areas such as:   * What types of applied research activities the students will conduct * How the students will interact with the industry/community partner * How engaging in this applied research project will utilize and/or build on their classroom learning * How the project will be carried out (Course-based? Capstone? Other?) including how they will be engaged in the project. Course-based? Other? Interaction with external partner? etc. | | |
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| * 1. Work Plan/Timeline (add additional rows as required) | | |
| **Brief Description of Activity** | **Start Date** | **End Date** |
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| * 1. Describe the expected outcomes/deliverables from the project (e.g. written report, prototype, source code, etc.). How will the outcomes will be disseminated and/or commercialized / how the external partner will utilize the results – 250 words maximum | | |
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| * 1. Why is it important for you to engage in this applied research project? Describe any potential follow on projects that could result from engaging with the external partner on this project, and/or the nature of any possible longer-term relationships that this project could enable – 250 words maximum | | |
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| 1. Signatures   The Signatories below (Principal Investigator, Chair, Dean and industry/community partner) indicate their approval of the contents of this document as it relates to their respective areas, and to work closely with Seneca Innovation to ensure that processes are followed. | |
| Principal Investigator  By signing below, I indicate my willingness to lead and carry out the proposed applied research activities in accordance with the policies and procedures of Seneca Innovation and Seneca. | |
| **Name** |  |
| **Signature** |  |
| **Date** |  |
| Department Chair  By signing below, I acknowledge my approval of the Principal Investigator’s applied research intentions, time commitment, and agree to release the faculty/staff for this research project, as appropriate. | |
| **Name** |  |
| **Signature** |  |
| **Date** |  |
| Dean  By signing below, I acknowledge my approval of the Principal Investigator’s applied research intentions, time commitment, and agree to release the faculty/staff for this research project as appropriate. | |
| **Name** |  |
| **Signature** |  |
| **Date** |  |
| Industry/Community Partner  By signing below, I indicate our commitment to the applied research project described in this proposal, including our willingness to provide the described cash and/or in-kind support. | |
| **Name** |  |
| **Signature** |  |
| **Date** |  |

**Application Submission**

**Completed applications, including all required approvals and attachments (see list below) should be submitted, as a single email to** [**research@senecacollege.ca**](mailto:research@senecacollege.ca) **with the subject line “ARF Submission” by 4:00pm on Tuesday, November 3rd, 2020.**

A complete application will include the following:

* Completed application form (all sections, including all signatures and adhering to any word limits); may be submitted as a PDF or Word document
* Completed budget spreadsheet (utilizing the Seneca Innovation Excel budget template)
* CV/Resume for all researchers involved (either an NSERC Form103CV or if in any other format, not to exceed 3 pages per researcher CV)
* Signed Letter of Support from the industry/community partner, including a statement of expected benefits to the collaborator and a detailed statement of collaborator contribution (cash and/or in-kind)
* OPTIONAL – Appendices, not to exceed 2 pages TOTAL (exclusive of CVs)

Confirmation of receipt will be provided within 1 business day. Confirmation of receipt does not confirm eligibility of applicant or application completion. Applications with an ineligible applicant, late applications, unsigned applications, or applications that are incomplete/of poor quality at the application deadline, and/or applications that do not adhere to word/page limits, will be returned to the applicant and will not be reviewed or considered for funding during the current competition.