



Complete the application form as a fillable PDF and email to info@researchmb.ca. Scanned, mailed, or dropped-off copies will not be accepted.

Please consult the Program Guide at <https://researchmanitoba.ca/research-connections/> before applying

* Indicates a required field

GENERAL INFORMATION

Event Title* _____

Event Summary (1 line)* _____

Event Discipline* _____ Event Discipline 2 _____

Event Type* _____

Event Start Date* _____ Event End Date* _____ Event Length* (Days) _____

Requested Funds (up to \$7,500)* _____ Northern Manitoba Incentive (up to \$2,500) _____

Total Fund Request* _____

APPLICANT INFORMATION

Applicant Name* _____

Organization _____ Role _____

Email* _____ Phone* _____

Street Address 1* _____

Street Address 2 _____

City* _____ Province* _____ Postal Code* _____

ALTERNATIVE CONTACT INFORMATION (OPTIONAL)

Name* _____

Organization _____ Role _____

Email* _____ Phone* _____

Street Address 1* _____

Street Address 2 _____

City* _____ Province* _____ Postal Code* _____

POST-SECONDARY INSTITUTION / RESEARCH INSTITUTE ASSOCIATION

This information is needed to identify who the funds will be paid to at the organization

Is this event partnered with a Post-secondary Institution or a Research Institute?*

Post-secondary Institution Research Institute

Name of Organization* _____

Fund Administrator Name* _____

Fund Administrator Title* _____

Fund Administrator Email* _____

EVENT INFORMATION

Event Location (Facility) Name: _____

Street Address 1* _____

Street Address 2 _____

City* _____ Province* _____ Postal Code* _____

Event Region* _____ Estimated Attendance* _____

Event Website _____

Is the event public, invitation-only, or restricted?* _____

If Restricted, please identify the criteria (e.g. only postdoctoral fellows allowed) _____

Is the event ticketed?* _____ Ticket Cost _____

How does the event benefit Manitoba's research community?*

Draft Itinerary/Schedule* (note: you may also attach this as a separate attachment in your email)

EQUITY AND DIVERSITY IDENTIFICATION (OPTIONAL)

Does the event include Indigenous Knowledge, communities, personnel, or culture? _____

If so, please identify the Indigenous Knowledge Keeping consultant/organization associated with the event

Is the event geared towards any specific cultural or language groups? _____

If so, please specify _____

Is the event geared towards gender or sexual orientation groups? _____

If so, please specify _____

Is this event geared towards groups related to physical or mental health or disabilities? _____

If so, please specify _____

Is this event geared towards specific age groups? _____

If so, please specify _____

Additional Information Regarding Equity and Diversity Identification

SOCIAL MEDIA INFORMATION (OPTIONAL)

Please identify any account names you would like 'tagged' in mentions of this event if the grant request is approved

Twitter (X.com) _____ Instagram _____

LinkedIn _____ Facebook _____

Will registration for this event be posted publicly on social media? _____

If yes, do you wish Research Manitoba to share this information on our accounts? _____

Is there a social media hashtag to use for this event? If so, please identify _____

Additional information about social media:

FINANCIAL INFORMATION

Note: all expected revenues should equal the total eligible and ineligible costs below.

EXPECTED REVENUES

Item	Amount*	Notes
Research Connections Request*		
Organization Contribution		
Ticket Sales		
Sponsorships		
Other (specify in Notes)		
Other (specify in Notes)		
Other (specify in Notes)		
Total		

COSTS

Research Connections Eligible Costs

Item*	Cost*	Notes
Facility Rental		
Honorariums		
Marketing Materials		
Guest per diems		
Guest Travel Costs		
Accommodation Resources		
Catering		
Other (Specify in Notes)		
Other (Specify in Notes)		
Other (Specify in Notes)		
Total		

COSTS

Research Connections Ineligible Costs

Item*	Cost*	Notes
Contractors		
Advertising		
Other (Specify in Notes)		
Other (Specify in Notes)		
Other (Specify in Notes)		
Total		

Budget Summary (autocalculated)

Revenues	
Total Costs	
Difference (must be 0)	
% of Research Connections Funding to Budget (must be less than 50%)	

Additional information regarding budget**Risks**

Please outline any known event risks and the contingency plan (e.g. if an outdoor event, is an alternate indoor location known, will the event be moved to a different date, is the event contingent on a speaker's availability or can they be replaced)*

Other Notes

Please identify if there is any other information you'd like Research Manitoba to be aware of as they assess the application

CONSENT

- I confirm that everything in this application is true and valid
- I confirm that I have read the [Research Connections Program Guide](#)
- I understand that funds will be paid directly to the associated post-secondary institution or research institute
- I understand that if the event is to be altered significantly from this application, a Change Request Form must be submitted and funds may be requested to be returned
- I understand that a Final Report Form must be submitted within 60 days following the event

Applicant Signature

Applicant Name

Date

Post-secondary Institution or Research Institute Signing Authority or Delegate (select one)

- Post-secondary Institution Research Institute

Signature

Title

Name

Date

Organization