Research Manitoba Strategic Partnerships – Stream 2: Matching Funds Expression of Interest (EOI) Form

Section 1: Applicant Information

1.1 Applicant Identification		
	Full name and salutation	
b.	Department	
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C	Faculty	
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d	University/Institution	
u.	Oniversity/institution	
	Address	
e.	Address	
	Forest	
f.	Email	
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g.	Contact number/fax	
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	er 1 Organization Information Full name and salutation	
a.	ruttilaine and Satutation	
I.	Development	
b.	Department	
С.	Faculty	
d.	University/Institution	
e.	Address	
f.	Email	
g.	Contact number/fax	
1.3 Partne	er 2 Organization Information (if applic	cable)
a.	Full name and salutation	

b.	Department				
c.	Faculty				
d.	University/Institution				
e.	Address				
f.	Email				
g.	Contact number/fax				
1.4 Partner 3 Organization Information (if applicable)					
a.	Full name and salutation				
b.	Department				
c.	Faculty				
d.	University/Institution				
e.	Address				
f.	Email				
g.	Contact number/fax				
Section 2: Project Overview					
2.1 Project Title					

2.2 Project Summary (250 words)		
2.3 Project Start Date		
DD/MM/YYYY		
2.4 Project End Date		
DD/MM/YYYY		
2.5 Total Funding Requested		
2.6 Total Leveraged Funds		

<u>NOTE:</u> For sections 3-4, please use the information below to thoroughly answer all sections and sub-sections. Please attach your document to your submission.

Section 3: Alignment with Strategic Priorities

• 3.1 Explain how the project aligns with Manitoba-specific challenges and Research Manitoba's strategic priorities.

Section 4: Budgeting and Funding

• **4.1 Leveraged Resources and Matching Funds.** Be sure to detail the sources and amounts of leveraged resources/matching funds. (max. 1 page).

Section 5: Declarations and Signatures

5.1 Lead Applicant Declaration

Full Name (printed):

I declare that the information provided in this application is accurate and complete to the best of my knowledge:

Full Name (printed):					
Signature:					
Date:					
5.2 Institutional Organization(s) Declaration					
I/we declare that the information provided in this application is accurate and complete to the best of my/our knowledge.					
Name of Institutional					
Organization:					
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Signature (Vice-President	
Research or Designate):	
Date:	

Submission Instructions:

Submit the completed application form and all supporting documents to Yasmin Iman at Yasmin.Iman@researchmb.ca.

For more information, contact Yasmin Iman at Yasmin.Iman@researchmb.ca.