



Complete the application form as a fillable PDF and email to [info@researchmb.ca](mailto: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, or a Regional Health Authority?\*

Post-secondary Institution    Research Institute    Regional Health Authority

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)		
<b>Total</b>		

**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)		
<b>Total</b>		

**COSTS**

Research Connections Ineligible Costs

Item*	Cost*	Notes
Contractors		
Advertising		
Other (Specify in Notes)		
Other (Specify in Notes)		
Other (Specify in Notes)		
<b>Total</b>		

**Budget Summary (autocalculated, do NOT enter anything in these fields)**

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 or regional health authority
- 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    Regional Health Authority

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization