

Quick Start Funds Application Form

Principal Applicant/Contact

Prefix Ms.
 Mr.
 Mrs.
 Dr.
 Mx.

First Name _____

Surname _____

Mailing address _____

Email _____

Telephone _____

Faculty/Unit _____

Department _____

Position _____

Affiliation

- Faculty
- Staff
- Graduate Student
- Undergraduate Student
- PostDoc

Status

- Full time
- Part time
- Term Appointment
- Retired

Co-Principal Applicant/Contact (if applicable)

Prefix Ms.
 Mr.
 Mrs.
 Dr.
 Mx

First Name _____

Surname _____

Mailing address _____

Email _____

Telephone _____

Organization (if external) _____

Faculty/Department _____

Position _____

 Co-Applicant 1/Contact (if applicable)

Prefix Ms.
 Mr.
 Mrs.
 Dr.
 Mx.

First Name _____

Surname _____

Mailing address _____

Email _____

Telephone _____

Organization (if external) _____

Faculty/Department _____

Position _____

 Co-Applicant 2/Contact (if applicable)

Prefix Ms.
 Mr.
 Mrs.
 Dr.
 Mx.

First Name _____

Surname _____

Mailing address _____


Email _____

Telephone _____

Organization (if external) _____

Faculty/Department _____

Position _____

 Collaborators & Supporters

Applicants must provide the name of at least one authorized university supporter (Dean, Faculty Advisor or Department Head) and at least one principal collaborator from outside the university. Up to 2 other internal and external collaborators may be listed below.

 University Supporter Contact Information


Name _____

Faculty/Department _____

Email _____

Telephone _____

Has this supporter been confirmed? Yes
 No

 Principal External Collaborator Contact Information


Name _____


Organization/Affiliation _____

Email _____

Telephone _____

Has this collaborator been confirmed? Yes
 No

 If you have any additional collaborators (Internal or External) please list below:

 Collaborator 1 Contact Information


Name _____

Organization/Affiliation _____

Email _____

Telephone _____

Has this collaborator been confirmed? Yes
 No

 Collaborator 2 Contact Information


Name _____


Organization/Affiliation _____

Email _____

Telephone _____

Has this collaborator been confirmed? Yes
 No

 Please refer to the FAQs for details on university supporter requirements. We may contact the people identified in this section.

 Project Information

 Project Title

 Project Type

Meeting


Event


Service Learning


Other _____


 Project Summary


Please provide a brief description of the proposed project and primary objectives. (max 200 words)


 Please provide an outline of planned activities and timeline? (max 200 words)

 Relevant PEF Objectives Please select **one to two objectives** from Memorial's *Public Engagement Framework* and briefly describe how your project fits each of these objectives. (Max 200 Words)


 Please describe the contributions of both Memorial and external partners/collaborators (Mutual Contributions). (Max 200 words)


 Please describe potential benefits for both Memorial and external partners/collaborators (Mutual Benefits) (Max 200 Words)


 Please provide any plans you may have for follow-up projects (or activities) stemming from the work of the partnership. (Max 200 words)

 Project Schedule, Budget and Contributions

Please provide your projected budget and any other funding sources and contributions.


 Please refer to the fund guide for details on eligible expenses.

 Project Schedule


 Project start date


Please note, projects cannot be funded retroactively.

____/____/____(YYYY/MM/DD)

 Project end date

____/____/____(YYYY/MM/DD)


 Budget & Contributions

 Total cost of project

 Financial contributions from other sources


If you have received any financial contributions from other sources, please indicate below.

Financial contributions received from other sources:

 Financial Contribution 1

Amount of Contribution

Source

 Financial Contribution 2


Amount of Contribution

Source

 Financial Contribution 3

Amount of Contribution

Source

 Amount requested from the Quick Start Fund

 Please list and describe your anticipated expenses for the requested Quick Start Funds below

 Budget Item 1

Amount

Description

 Budget Item 2

Amount

Description

 Budget Item 3

Amount

Description

 Budget Item 4

Amount

Description

 In-kind Contributions

If you have received or are providing any in-kind contributions, please indicate here and complete the fields below.

Total amount of in-kind contributions provided by the applicant or by collaborators:


 In-kind Contribution 1

Contribution (\$)

Source and Description of Contribution

Have these contributions been confirmed?

- Yes
- No


 In-kind Contribution 2

Contribution (\$) _____

Source and Description of Contribution _____

Have these contributions been confirmed?

- Yes
- No

 In-kind Contribution 3

Contribution (\$) _____

Source and Description of Contribution _____

Have these contributions been confirmed?

- Yes
- No

Terms & Conditions

By submitting this application the principal applicant agrees to: Submit a report via our on-line reporting form within 30 days of completion of the funded project (including evaluation data from the project) and enter the project information into Yaffle. Acknowledge that the Office of Public Engagement has the right to use all or portions of submitted materials on our website and through other communications channels. Use the funding provided for the purposes indicated and according to university guidelines. Conference travel and salary-related expenses for faculty or staff are **NOT** eligible expenses. Notify OPE in case of changes to the substance of the project; return the funds to the OPE if the project cannot be completed as proposed and within 120 days of the original proposed schedule. Applicants must complete and submit all required reports before being eligible to apply for other OPE funding

I understand and agree to the Terms & Conditions above.