BORN Data Access Grant: Application Form

Please complete the application and budget form below and submit by email to researchgrants@aom.on.ca. The application deadline is **October 27, 2025 at 9:00 am.**

Please save your completed Application as **BORN\_DataAccess\_GrantProposal\_YOURNAME.**

As part of its commitment to Indigenous sovereignty and racial equity, the Association of Ontario Midwives has identified the need to address equity gaps in racial representation, retention and leadership in the Ontario midwifery profession. As such, the AOM encourages applications from individuals who reflect the broad diversity of our community including Indigenous, Black and racialized members. We seek to create a process that is inclusive and accessible to all applicants. For this reason, we respectfully request that applicants identify their Indigeneity, to better support our commitment toward advancing Indigenous sovereignty. Additionally, understanding broader racial representation will support the AOM in identifying disparities and implementing interventions that improve racial equity in midwifery. Please select all categories that apply to you. You may, however, choose not to respond, as we recognize midwives’ variances in preference about specifying their racial identity.

**Eligibility Criteria**

|  |  |  |
| --- | --- | --- |
| Is the primary applicant a registered midwife, student midwife, or Indigenous midwife working within the exemption clause in Ontario? | Yes |[ ]  No |[ ]
| Does the primary applicant or the mentor have experience with the analysis of BORN data and/or expertise in biostatistics/statistical science?  | Yes |[ ]  No |[ ]
| Is the project reflective of and have value to the Ontario midwifery context? | Yes |[ ]  No |[ ]
| Is the project budget more than $15,000? | Yes |[ ]  No |[ ]
| Is the budget allocated to costs associated with data access and analysis?  | Yes |[ ]  No |[ ]
| Is the project expected to be completed within three years? | Yes |[ ]  No |[ ]
| Does the primary applicant identify as Indigenous? | Yes |[ ]  No | [ ]  | Prefer not to answer | [ ]  |
| Does a member or member(s) of the project team identify as Indigenous? | Yes |[ ]  No | [ ]  | Prefer not to answer | [ ]  |
| Does the primary applicant identify as Black?  | Yes |[ ]  No | [ ]  | Prefer not to answer | [ ]  |
| Does a member or member(s) of the project team identify as Black?  | Yes |[ ]  No | [ ]  | Prefer not to answer | [ ]  |
| Does the primary applicant identify as racialized?  | Yes |[ ]  No | [ ]  | Prefer not to answer | [ ]  |
| Does a member or members of the project team identify as racialized?  | Yes |[ ]  No | [ ]  | Prefer not to answer | [ ]  |

**Project Information**

|  |  |
| --- | --- |
| Proposed project title |  |
| Total amount requested ($) |  |
| Anticipated cost of data ($) |  |
| Declaration of any conflict of interest |  |

**Primary Applicant information**

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Academic institution (if applicable) | Click or tap here to enter text. |
| Midwifery practice (if applicable) | Click or tap here to enter text. |
| Name of mentor (if applicable) | Click or tap here to enter text. |
| Mentor’s affiliations (if applicable) | Click or tap here to enter text. |

**Additional Investigator(s) information (if applicable)**

|  |  |
| --- | --- |
| Name of 1st co-investigator |  |
| Role of 1st co-investigator  |  |
| Name of 2nd co-investigator |  |
| Role of 2nd co-investigator  |  |
| Name of 3rd co-investigator |  |
| Role of 3rd co-investigator  |  |
| Name of 4th co-investigator |  |
| Role of 4th co-investigator  |  |

**AI Disclosure**

|  |  |  |
| --- | --- | --- |
| Was generative AI used, for any purposes, in the preparation of this proposal? | Yes |[ ]  No |[ ]
| If yes, please indicate how generative AI was used: |  |

**Mentor Review and Signature (if applicable)**

Your signature below indicates that you have read and agree with the applicant’s research proposal, timeline, and budget. Your signature confirms that you will provide the necessary supports to the applicant to successfully carry-out this study.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget Form

|  |  |  |
| --- | --- | --- |
| **Proposed Expenditures**  | **Explanation**  | **$ Amount**  |
| Personnel costs/honoraria |  |  |
| Services (including fee for obtaining data from BORN)  |  |  |
| Equipment costs associated with but not limited to data storage, linkage or analysis  |  |  |
| Knowledge Translation Activities (e.g., costs of publishing) |  |  |
| Other (specify)  |  |  |
| **TOTAL GRANT REQUESTED** |  |

**Note to applicants**

AOM grant funding covers direct costs of the research activity, including, but not limited to: hiring student research assistance, specialized software, materials and supplies, data collection costs including travel to field research sites for data collection, specialist services such as translations, and costs associated with knowledge translation including conference fees and/or journal fees. All items must be essential to the proposed work and must be carefully justified. As of 2022, funds may be used for applicant salaries including tuition fees. Salary costs must be well justified in the budget including the percentage of the teams’ time and resulting salary costs which will be claimed.

The grants do not provide or allow for overhead (indirect) costs.

Please keep proof of all costs. You do not need to send them to the AOM, but they must be retained in case the AOM’s auditor or the government’s Auditor General makes a request for the information.

All grant funds will be sent directly to your educational institute for retention on your behalf.