Mentored Midwifery Research Grant

Please complete the application and budget form below and submit by email to researchgrants@aom.on.ca. The application deadline is **October 29, 2019 at 11:59pm.**

Please save your completed Application Form as **Mentored\_GrantApplicationForm\_YOUR NAME.**

For information and questions please contact Alexa Minichielloatresearchgrants@aom.on.ca.

Application Form

**Eligibility Criteria**

|  |  |  |
| --- | --- | --- |
| Are you a registered midwife or midwifery student in Ontario? | Yes |[ ]  No |[ ]
| Are you currently enrolled in a Master’s or PhD program or are within five years of completing a Master’s or PhD program? | Yes |[ ]  No |[ ]
| Have you secured a mentor for this research proposal? | Yes |[ ]  No |[ ]
| Does the project have the potential to benefit childbearing families in Ontario? | Yes |[ ]  No |[ ]
| Does the project reflect midwifery philosophy of care, taking into account Ontario midwives’ unique scope of practice and model of care, and contribute to the knowledge base for low-intervention health care? | Yes |[ ]  No |[ ]
| Is the project budget more than $5, 000? | Yes |[ ]  No |[ ]
| Is the project expected to be completed within 18 months? | Yes |[ ]  No | [ ]  |

**General Information**

**Applicant information**

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

**Project Information**

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

Budget Form

Please complete the table below.

|  |  |  |
| --- | --- | --- |
| **Proposed Expenditures**  | **Explanation**  | **$ Amount**  |
| Personnel costs/honoraria |  |  |
| Transportation |  |  |
| Supplies |  |  |
| Materials and services (including fee for obtaining data) |  |  |
| Costs of Publishing  |  |  |
| Purchase or Rental of Equipment |  |  |
| Knowledge Translation Activities |  |  |
| Other (specify)  |  |  |
| **TOTAL GRANT REQUESTED** |  |

**Note to applicants**

These grants do not provide or allow for overhead (indirect) costs (e.g., accounting, human resources, support for libraries, access to computer services, and the provision and maintenance of research facilities and office space).

Please keep proof of all costs other than salary and honoraria. 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 university for retention on your behalf.