Mentored Midwifery Research Grant: Application Form

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

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

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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you a registered midwife or Indigenous midwife working under the exemption clause or midwifery student in Ontario? | Yes |  | No |  |
| Have you secured a mentor for this research proposal? | Yes |  | No |  |
| Has the mentor signed off on the proposal, timeline, and budget? | Yes |  | No |  |
| Is the project budget more than $12,000? | Yes |  | No |  |
| Is the project expected to be completed within 24 months? | Yes |  | No |  |
| Will the research involve Indigenous communities? | Yes |  | No |  |
| If the research will involve Indigenous communities, have you reviewed [OCAP® principles?[[1]](#footnote-1)](https://fnigc.ca/ocap-training/) | Yes | ☐ | No | ☐ |
| Are you, as the primary applicant, Indigenous? | Yes |  | No |  | Prefer not to answer |  |
| Are any member(s) of the project team Indigenous? | Yes |  | No |  | Prefer not to answer |  |
| Are you, as the primary applicant, Black? | Yes |  | No |  | Prefer not to answer |  |
| Are any member(s) of the project team Black? |  |  |  |  |  |  |
| Are you, as the primary applicant, racialized? | Yes |  | No |  | Prefer not to answer |  |
| Are any member(s) of the project team racialized? | Yes |  | No |  | Prefer not to answer |  |

**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 | 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 |  |

**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**

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 |  |  |
| 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**

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 university for retention on your behalf.

1. Note: OCAP only applies to First Nations communities. You may also find the following resources helpful: 1. [Research Involving the First Nations, Inuit and Métis Peoples of Canada](https://ethics.gc.ca/eng/tcps2-eptc2_2018_chapter9-chapitre9.html), 2. [Indigenous Research (Social Sciences and Humanities Research Council)](https://www.sshrc-crsh.gc.ca/society-societe/community-communite/indigenous_research-recherche_autochtone/index-eng.aspx), 3. [Institute of Indigenous Peoples' Health (Canadian Institutes of Health Research).](https://cihr-irsc.gc.ca/e/8668.html) [↑](#footnote-ref-1)