

**Faculty of Dentistry Seed Grant Program Application Form**

**1. Applicant Information**

**Principal Applicant**

Last Name, First Name:

Email:

**Co-Applicant**

Last Name, First Name:

Department/Faculty, Institution:

Email:

**Co-Applicant**

Last Name, First Name:

Department/Faculty, Institution:

Email:

**Co-Applicant**

Last Name, First Name:

Department/Faculty, Institution:

Email:

**2. Proposal Information**

**Proposal Title**

**Identify Seed Grant Program Stream**

**Stream 1:** Projects at any stage from discovery to application that will contribute to the creation and use of dental related knowledge with impact on delivery of patient care

**Stream 2:** Projects that explore and/or accelerate technology/product development with impact on delivery of patient care

**Identify if funds are requested (and indicate amount) or scientific merit review**

Funds Requested

Amount Requested

Scientific Merit Review

**Application Information**

New Submission

Revised Submission

**Expected Project Start Date (dd/mm/yyyy)**

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**Faculty of Dentistry Funds**

Complete if you have received Faculty of Dentistry research funds (e.g., DRI, RAMP, Internal Seed Grant Program) within the last year. Complete and submit the Progress Report.

Yes                      Funding Program:                                              Reference Number:  
No

**Other Funding Sources**

List other funding sources related to this application that you have applied to and/or have been awarded funding, including to this Seed Grant Program or other internal funding sources. Indicate the sponsor, the amount, and funding status (e.g, awarded, pending, not awarded).

Funding Source	Amount requested/awarded	Funding Status

*If you are requesting funds for items that are already funded by other source(s), indicate how this application differs from the previous awards.*

**Disclosures (Stream 2 Proposals only)**

Has the proposed project been publicly disclosed or published?                      No                      Yes

*If yes, list the public disclosure, including name of publication, conference, etc., and the date of the disclosure*

Have you submitted an invention disclosure to the Innovations and Partnerships Office (IPO) under the University of Toronto's Invention Policy?                      No                      Yes

*If yes list title, file number, and submission date. Explain how this application relates to the submitted invention disclosure and if IPO has undertaken the commercialization of the proposed project.*

**3. Recommended Reviewers**

*Provide the names and contact information for up to 4 reviewers; at least 1 reviewer must be external to the Faculty of Dentistry, University of Toronto.*

**Reviewer #1**

Last Name, First Name:

Department/Faculty, Institution:

Email:

**Reviewer #2**

Last Name, First Name:

Department/Faculty, Institution:

Email:

**Reviewer #3**

Last Name, First Name:

Department/Faculty, Institution:

Email:

**Reviewer #4**

Last Name, First Name:

Department/Faculty, Institution:

Email:

**4. Signatures**

By signing below, the undersigned asserts that this application adheres to all research policies and procedures at the Faculty of Dentistry and the University of Toronto. The applicant(s) attests that he/she understands any misrepresentations of research support or other details in this application may result in disqualification from the competition and will also restrict the applicant from future competitions at the discretion of the Faculty of Dentistry Research Committee. Additional actions may include withdrawal of award and seeking partial or full repayment of the support provided under this funding program if misrepresentation is determined during the course of funding.

**The undersigned hereby agrees to adhere to all policies and restrictions set out in this Faculty of Dentistry Seed Grant Funding Program:**

	Signature	Printed Name	Date (dd/mm/yy)
Principal Applicant			
Co-Applicant			
Co-Applicant			
Co-Applicant			