



OVERHEAD AWARD REQUEST

Title:

Total Budget Request:

Brief Description of Use of Funds (note 10 lines maximum):

Applicant(s): Surname, Given name	Signature	Date
Principal Applicant:		
Co-applicant(s):		

Project Title:

Budget Request:

Personnel Costs: _____

Operating Costs: _____

Equipment Costs: _____

Other Expenses: _____

TOTAL PROPOSED BUDGET _____

Provide details of the above categories - attach relevant documentation for justification e.g., quotes, if applicable.

Personnel Costs:

Operating Costs:

Equipment Costs:

Other Expenses:

If this Award is granted for continuation of a previous submission, please indicate IWK account number for funds to be deposited into: _____

If this is a new Award, account information will be provided.

Where Dalhousie and the IWK are recipients of the overhead from industry sponsored contracts, the award will be based on the amount provided by the applicant's Academic department(s) towards the award and matched in equal portion (50/50 cost share). Where the IWK is the only recipient of overhead, the applicant can request up to a maximum of 40% of IWK overhead receipts as the award.

NOTE: The maximum IWK contribution is \$100,000 per fiscal year.

50% of the budget will be allocated from Department of: _____

Department Head
Signature indicates agreement with the request and the budget commitment.

Date

Kelvin King
Required for all Dept. Pediatric submissions

Date

Research & Innovation Advancement

Date

Project Title:

SUMMARY AND DETAILED JUSTIFICATION (Attach extra pages as needed.)

Application must be submitted by email to research@iwk.nshealth.ca