



Research &
Innovation
Advancement

Mitacs Application Form

Please submit a copy of the full Mitacs submission along with this Programs application to research@iwk.nshealth.ca.

IWK Researcher Information

Name:

Department:

Email:

Academic Partner Information

Name:

Institution:

Department:

Email:

Which Mitacs Program are you applying to? (choose one)

Accelerate

Elevate

Mitacs submission date:

Project

Title of Proposed Research Project:

Brief Description of Proposed Research Project:

Details Regarding Matching Fund Request

1. Is this research area a strategic priority for the IWK? Briefly state alignment.

2. Are other institutions and/or partners providing matching funds to the application? Yes No

3. If yes, please list institutions/partners and confirmed matches and submit confirmation with this application.

4. Matching funds requested by module dates as specified in the Budget:

Applicant Signature:

Date:

OFFICE USE ONLY

Final decision

Amount

Account

Notes

Should you have any questions, please contact Priya Damodaran, Coordinator, Grants and Support Services at priya.damodaran@iwk.nshealth.ca.

The IWK's financial contributions for this initiative are subject to availability of funds. Should our funding levels not be available or are decreased due to unforeseen circumstances, the IWK reserves the right to reduce, defer or suspend financial contributions received as a result of this funding opportunity.

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