

Mitacs Application Form

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

I have confirmed with Robin Gauthier (Robin.Gauthier@iwk.nshealth.ca) that there are funds available to support my application.

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:	

Version date: November 2024

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? No Yes 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

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

Account

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.

Version date: November 2024

Amount

Notes