



Medical Education Research Fund (MERF) Application Cover Sheet

Date (dd/mm/yy): _____

Requested Budget: _____

Nominated Principal Investigator (name & affiliation):

Project Title: _____

Signatures (include printed name, signature, and date):

Nominated Principal Investigator: _____

Associate Dean or Clinical Chair: _____

Co-Principal Investigator (if applicable): _____

Associate Dean or Clinical Chair: _____

Co-Principal Investigator (if applicable): _____

Associate Dean or Clinical Chair: _____

(append a page for signatures of additional co-PI's, if applicable).

Checklist of application components:

<input type="checkbox"/>	Application form, page 1:	Application Cover Sheet (signatures required)
<input type="checkbox"/>	Application form, page 2:	Checklist of application components
<input type="checkbox"/>	Application form, page 3:	Investigator Information
<input type="checkbox"/>	Application form, page 4:	One-page Summary of Research Proposal ¹
<input type="checkbox"/>	Application form, page 5:	Budget Summary
<input type="checkbox"/>	Application form, page 6:	Review Information
<input type="checkbox"/>	Appendix 1:	Budget Justification (2-page limit)
<input type="checkbox"/>	Appendix 2:	CIHR formatted Common CV (nominated PI only)
<input type="checkbox"/>	Appendix 3:	Research Proposal (3-page limit ^{1,2})
N/A	Appendix 4:	Research Proposal Supplementary Pages ³ (optional)
N/A	Appendix 5:	Information on other available funding (up to 1 page each)
N/A	Appendix 6:	Role of Co-investigators (optional page for teams ≥ 4)
N/A	Appendix 7:	Additional Contact Information (required for teams ≥ 4)
N/A	Appendix 8:	Response to Previous Reviews (1-page limit, optional)

Please use at least 12 point font.

¹ Single spaced.

² For research teams > 4, Appendix 6 can be included to explain the role of individual investigators.

³ This may include a reference list, illustrations, graphs, tables, and surveys or other materials to be used in the research. These will not be included in the page limit for the research proposal.

See MERF website (<https://www.med.mun.ca/oped/merf/>) for detailed application guidelines and requirements.

Investigator Information

Nominated Principal Investigator: _____

(*title, surname, first name*)

Position: _____ *Faculty:* _____ *Department:* _____

Institution: _____ *Telephone:* _____ *Fax:* _____

email: _____

Co-Investigator : _____

(*title, surname, first name*)

Position: _____ *Faculty:* _____ *Department:* _____

Institution: _____ *Telephone:* _____ *Fax:* _____

email: _____

Co-Investigator : _____

(*title, surname, first name*)

Position: _____ *Faculty:* _____ *Department:* _____

Institution: _____ *Telephone:* _____ *Fax:* _____

email: _____

Co-Investigator : _____

(*title, surname, first name*)

Position: _____ *Faculty:* _____ *Department:* _____

Institution: _____ *Telephone:* _____ *Fax:* _____

email: _____

Use additional pages if necessary.

One-Page Summary of Research Proposal

This summary is a KEY component of the review process. Please see MERF guidelines for details.

Budget Summary

Salaries and Stipends _____

Services _____

Equipment _____

Supplies _____

Travel (field research) _____

Travel (dissemination) _____

Other _____

Total _____

Review Information

Key Words: Please list up to 8 keywords.

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Suggested Reviewers: Please suggest reviewers from inside Memorial University (can be from outside the Faculty of Medicine).

Name	Affiliation	Expertise	Email

Suggested Reviewers to Exclude:

Name	Affiliation	Reason to Exclude