

Knowledge Mobilization Grant Application Form

1. **Centre or Institute Name:**
2. **Applicant's name:**
3. **Applicant's title:**
4. **Applicant's Faculty, Department:**
5. **Title of the Knowledge Mobilization Activity:**
6. **Project start date:**
7. **Project end date:**
8. **Will your KMB activities involve people from underrepresented or disadvantaged groups?**
No
Yes
9. **List all the members of your centre or institute with expertise in SSHRC-related research areas with their affiliation.**

Name

Title

Affiliation

Name

Title

Affiliation

OVPRI

