\*\*PLEASE INCLUDE ALL DOCUMENTS AS A SINGLE PDF ATTACHMENT\*\*

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| **CLUSTER LEAD (ADMINISTRATIVE LEAD)** |
| CLUSTER LEAD SURNAME: | CLUSTER LEAD GIVEN NAME: |
| FACULTY: | DEPARTMENT: |
| TELEPHONE: | E-MAIL ADDRESS: |
| **CLUSTER CO-LEAD (IF APPLICABLE)** |
| CLUSTER CO-LEAD SURNAME: | CLUSTER CO-LEAD GIVEN NAME: |
| FACULTY: | DEPARTMENT: |
| TELEPHONE: | E-MAIL ADDRESS: |
| **PROJECT DETAILS** |
| TITLE OF PROPOSAL: |
| **CLUSTER TEAM – (MAX OF TEN PARTICIPANTS, INCLUDING LEAD(S))** |
| TEAM MEMBER SURNAME | TEAM MEMBER GIVEN NAME | INSTITUTION/CAMPUS | FACULTY/DEPARTMENT |
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| **PLAIN-LANGUAGE SUMMARY (100 WORDS MAXIMUM)** |
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| **ANNUAL FUNDING REQUEST (MAXIMUM $200,000 PER YEAR)** |
| YEAR 1: | YEAR 2: | YEAR 3: | TOTAL: |
| DOCUMENT CHECKLIST |
|  PROPOSAL (8 PAGE MAXIMUM) ANNUAL BUDGETS AND JUSTIFICATION (ON BUDGET TEMPLATE PROVIDED) 2-PAGE CVS FOR ALL TEAM MEMBERS, HIGHLIGHTING ACCOMPLISHMENTS RELEVANT TO THE PROPOSED CLUSTER (2 PAGE MAXIMUM PER PARTICIPANT) LETTERS OF SUPPORT FROM SECURED PARTNERS LETTERS OF SUPPORT FROM UNIVERSITY OF TORONTO ACADEMIC DIVISIONS INVOLVED (i.e., non-UTSC units)  LETTERS OF SUPPORT FROM UTSC DEPARTMENTAL CHAIR(S) AND CENTRE DIRECTORS (i.e., those of the Cluster Lead and, if applicable, Co-Lead, and any other Departments/Institutes/ Centres that are providing either cash or in-kind support to the Cluster) |
| SIGNATURES |
| I verify that all the information contained within this application is true and complete, to the best of my knowledge. |
| CLUSTER LEAD |
| NAME: | SIGNATURE: | DATE: |
| DEPARTMENT CHAIR/CENTRE DIRECTOR |
| NAME: | SIGNATURE: | DATE: |
| CLUSTER CO-LEAD (IF APPLICABLE) |
| NAME: | SIGNATURE: | DATE: |
| DEPARTMENT CHAIR/CENTRE DIRECTOR |
| NAME: | SIGNATURE: | DATE: |

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