

COVER PAGE

Project Lead		
Last Name	First Name	Title
Institution	Faculty/Department	Role
Telephone	Fax	Email

Project Information	
Type: <input type="checkbox"/> Training <input type="checkbox"/> Research	Grant Priority Area(s): <i>If you have selected more than one, clearly identify one primary priority area. Up to 2 secondary priority areas are allowed.</i>
Project Title	
Period of Support Requested: (maximum allowable duration is 2 years) _____ Year(s) _____ Month(s)	
Estimated Total Amount Requested: (maximum allowed is \$200,000 per year)	

Have you previously applied to the WSIB Grants program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which year(s) did you apply in? _____
How did you hear about the WSIB Grants Program? <input type="checkbox"/> WSIB website <input type="checkbox"/> WSIB Stakeholder Newsletter <input type="checkbox"/> Twitter (Social Media) <input type="checkbox"/> News coverage (source: _____) <input type="checkbox"/> Previously received a WSIB grant <input type="checkbox"/> Colleague <input type="checkbox"/> Other (please describe) _____

APPLICATION FORM INSTRUCTIONS

Please review the [Proposal Instructions](#) on the Workplace Safety and Insurance Board (WSIB) website before completing this form. The instructions include important information about submitting a proposal to the WSIB Grants Program.

At this stage, we require that all applicants use [plain language](#) when filling out this application. Ensure all scientific concepts, acronyms, and terms are defined or substituted when possible. Do not forget to provide appropriate context and tangible examples, where applicable. All answers must fit within the text box corresponding to each question and cannot exceed the allotted space.

Your proposal will be assessed for eligibility and completeness. This checklist is designed to help you keep track of your progress to ensure that all required information has been submitted.

PROPOSAL CHECKLIST	
Section	Complete
1. Cover Page	<input type="checkbox"/>
2. Applicant Qualifications	<input type="checkbox"/>
3. Research Team	<input type="checkbox"/>
4. Proposal Overview	<input type="checkbox"/>
5. Proposal Outline <ul style="list-style-type: none"> • Rationale and Objectives • Methodology, Approach and Evaluation • Outcomes • Data Request • Project Timelines (Template) • Project Cost (Template) 	<input type="checkbox"/>
6. Relevance	<input type="checkbox"/>
7. Signature and Declarations	<input type="checkbox"/>

SECTION 2: APPLICANT QUALIFICATIONS

Provide a brief biography of the Project Lead as it relates to this proposal, including:

Current affiliation(s):

Academic background: *(CVs are not required at this time)*

Publications and conference presentations over the past 5 years: *(list only the most relevant items; 5 item maximum)*

- 1.
- 2.
- 3.
- 4.
- 5.

Current grants held in regards to this proposal: *(include a description of any overlap between current and potential future funding and the proposed WSIB project)*

Relevant experience as it relates to the workers compensation system:

SECTION 3 : RESEARCH TEAM

Identify all team members involved in your project. If applicable, include partners or collaborators you plan to work with in this section. You may attach an additional page if required. Describe who they are, what they will contribute to your project and how their efforts will help you to meet your timeline. Identify any dependencies between you and your partners in executing the grant activities.

1)	Full Name:	Project Role:
	Institution:	Position at Institution:
	Telephone	Email
	Responsibility on Project:	
2)	Full Name:	Project Role:
	Institution:	Position at Institution:
	Telephone	Email
	Responsibility on Project:	
3)	Full Name:	Project Role:
	Institution:	Position at Institution:
	Telephone	Email
	Responsibility on Project:	
4)	Full Name:	Project Role:
	Institution:	Position at Institution:
	Telephone	Email
	Responsibility on Project:	
5)	Full Name:	Project Role:
	Institution:	Position at Institution:
	Telephone	Email
	Responsibility on Project:	

SECTION 4: PROPOSAL OVERVIEW

This section may be shared with a lay audience. Please ensure that your answers are clear, concise and easily understandable.

In 5 sentences or less, tell us what problem you are trying to solve and what specifically you plan to examine.

In 5 sentences or less, tell us how the research will be done.

In 5 sentences or less, tell us how we will know that the research has been successful in solving the problem.

Write a short paragraph describing why this research is important to the WSIB and how it will contribute to and/or improve the workers compensation system.

SECTION 5: PROPOSAL OUTLINE

Outline the purpose of the proposed project. Clearly outline the problem or gap in knowledge, the scope of the issue, why this gap is important and needs to be addressed, and the specific objective(s).

SECTION 5: PROPOSAL OUTLINE (Continued)

Research Proposal Only: Describe the methodology and approach you plan to use to conduct the research and how it will lead to the expected outcomes. Please include your approach to data collection and analysis. For example, what are your data sources? Do you plan to link sources of data? Do you intend to use personal information?

Training Proposal Only: Please describe your approach to how the program will be delivered, who the intended audience is, how progress will be monitored, and how you will assess the impact of the program.

SECTION 5: PROPOSAL OUTLINE (Continued)

What are your expected outcomes? Describe the short-term and long-term outcomes of the proposed work.

Do you require WSIB data? If so, what data elements will you need? For what period of time? Use the table below to complete the information.

Data Element	Time Period
<i>e.g. allowed lost time claims for the construction industry and type of injury</i>	<i>1999 - 2002</i>

More information about Canadian compensation statistics and WSIB data is available on the following websites:

[Association of Workers' Compensation Boards of Canada](#)

[By the Numbers 2017 WSIB Statistical Report](#)

[WSIB Corporate Reports](#)

Do you require an ethics certificate? ☐ Yes ☐ No

State the status of your ethics submission: ☐ Received ☐ Pending

SECTION 5: PROPOSAL OUTLINE (Continued)

Provide your project timeline. Clearly identify start and end dates, key milestones and whether your project will conclude after the grant ends or if the grant is intended to support a self-sustaining project. This is a high-level overview and not a detailed work plan.

Note: The following tables are to be used as a guide only. You are not required to fill out the entire table/each row.

Key Activity / Milestone	Description	Timeframe to complete (start and end in months i.e. MM/YY – MM/YY)

What is the estimated total budget for this project? (Maximum of up to \$200,000/year and \$400,000 total)

Please provide a general breakdown of how the funds will be used. Refer to the Proposal Instructions – Funding Use Restrictions and allowable costs for more information.

Budget Item	Brief Justification for Requested Item	Cost	
		Year 1	Year 2
Total Cost Per Year			

SECTION 6: RELEVANCE

Describe why this project is valuable to the WSIB. Include how it is relevant to the priority areas identified earlier and topics of interest listed in the [2019 Grants Agenda](#).

Describe how you plan to translate your outcomes into practice and how your results can be incorporated into WSIB's current practices and/or policies, and or improve the worker's compensation system.

SECTION 7: SIGNATURES AND DECLARATIONS

Prior to submitting your proposal, please ensure the Project Lead and the person with Executive Signing Authority for your organization provide an original signature for this application, to be scanned and emailed to the WSIB as part of the application package by February 15th.

We, the undersigned, certify that the statements contained in this proposal are true, complete and accurate to the best of our knowledge.

APPLICANTS

Signature of Project Lead	Date (dd/mm/yyyy)
Name of Project Lead	Title

EXECUTIVE AUTHORITY OF HOST ORGANIZATION

Signature of Executive Authority	Date (dd/mm/yyyy)
Name of Executive Authority	Title

Confidentiality and FIPPA

I agree that the information submitted in connection with this proposal may be disclosed by WSIB in accordance with FIPPA (the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.F.31, as amended).

Conflict of Interest

I have reviewed the Conflict of Interest definition in the Proposal Instructions and declare that, to the best of my knowledge at this time, there are no Conflicts of Interest in connection with this proposal. I will promptly notify the WSIB in writing if I become aware of a Conflict of Interest at a later time.

Funding use restrictions

I declare that, to the best of my knowledge, this proposal is in full compliance with the Travel, Meal and Hospitality Expenses Directive, and the additional funding use restrictions outlined in the Proposal Instructions.

External Review

I give permission to have this proposal reviewed by external parties at the discretion of the WSIB.

Request for Additional Information

The WSIB reserves the right to request additional information about this proposal at any time during the application and selection process.