Eligibility Form

E Which of the following scenarios related to your of	career stage apply to you?				
 A) I am a graduate or post-graduate researcher et B) I am a student enrolled at a Canadian college, community partners. C) None of the above. 	nrolled at a Canadian university. CÉGEP, institute or polytechnic engaged in applied research with industry or				
E Which of the following descriptions related to participation in EDIA work apply to you?					
 A) I am a member of an equity-seeking group. B) I am an individual looking to improve access to C) None of the above. 	DRI to an equity-seeking group.				
Do you identify as belonging to an equity-seeking groups, please select all that apply:	g group? If you would like to identify yourself as a member of one of these				
 Women Indigenous Peoples (First Nations, Inuit and Métis Person living with a visible or invisible disability Member of 2SLGBTQQIA+ communities Member of racialized groups Neurodiverse Groups who are geographically isolated First generation post-secondary students A different equity-seeking group with barriers to are I prefer not to disclose 					
I am currently residing in and plan on executing r	my proposed activities in Canada.				
Yes No					
[13] If yes, please provide a response to the following	items below:				
i) Please indicate Province/Territory of residence:	 Alberta British Columbia Manitoba New Brunswick Newfoundland and Labrador Northwest Territories Nova Scotia Nunavut Ontario 				

- Prince Edward Island
- Quebec
- Saskatchewan
- Yukon

If you reside in Ontario, do you live in the GTA?



ii) Please indicate Province/Territory where proposed activities will take place:

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Northwest Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- Yukon

Applicant Information

1) Applicant First Name ({{ applicar	nt.first_name }})
Applicant Last Name	
	nt.last_name }})
2) Language of Correspondence:	
English French	
Educational Program	
Please answer the following questions	related to your current program of study.
📰 3a) What type of program are you o	currently enrolled in?
 Master's PhD Postdoctoral researcher College or Polytechnic (and working A different program that I'd like to sp 	
3b) Institution/Organization:	
Name of Institution you are affiliated wi	th:
Province/Territory of Institution:	• Alberta
	British Columbia
	 Manitoba New Brunswick
	Newfoundland and Labrador
	Northwest Territories
	Nova Scotia
	• Nunavut
	Ontario
	 Prince Edward Island
	Quebec
	Saskatchewan
	• Yukon
Type of Institution	 Post-Secondary Institution
	(Universities, Colleges, CEGEP,
	Institute or Polytechnic)
	 Research Hospital
	 Non-Profit Organization that is
	positioned within the DRI Ecosystem
	organization or another institution that is not primar your organization uses or works to support use of D

4/3 3c) What year of your program will you be in as of September 2024?

로 3d) Discipline

Applied Sciences

Humanities

Medical and Health Sciences

Natural Sciences

Social Sciences

Mail 3e) Faculty and department of your program:

4 3f) Working thesis/research project title:

E Letters of Support

Please provide the relevant contact information for the following required Letters of Support.

4a) Academic Supervisor / Adv	visor	
First Name		
Last Name		
Position Title		
Department		
Institution / Organisation		
Email		
4b) EDIA Mentor		
First Name		
Last Name		
Position Title		
Department		
Institution / Organisation		
Email		
4c) Institutional Representative		
A person who will be reviewing and app Services.	proving your application on I	behalf of your institution, typically in the Office of Research
First Name		
Last Name		

Last Name ______
Position Title ______
Department ______
Institution / Organisation ______
Email _____

Merit Review Committee Recommendation

Please recommend two names of subject matter experts, with whom you do not have a conflict of interest and who could participate as Merit Review Committee members to review applications for this call.

5) Merit Review Committee Member Recommendations

(Recommendation #1) Name:

Position Title:	
Institution:	
Email:	
(Recommendation #2) Name:	
Position Title:	
Institution:	
Email:	

Application and Proposed Activities Please answer the following questions related to your DRI EDIA Champions project proposal.

4 6) Please provide a title for your proposal.

🐴 7) Please describe (briefly and in plain language) the area of research that you are focused on. (Max 200 words)

🗷 8) DRI Focus Area

Please identify all that apply.

Advanced Research Computing (ARC)
Research Data Management (RDM)
Cybersecurity
Cloud
Artificial Intelligence
Research Software

🐴 8a) Please describe the DRI training or resources that you are looking to access in order to advance your graduate work. (Work with team to produce a list of possible trainings/resources)

ᄸ 9) Please describe how access to these DRI trainings and resources would advance your graduate work, and how access would advance your research career overall (Max 250 words).

2 10) Which equity-seeking group(s) do you wish to support in advancing access to DRI (check all that apply):

U Women

Indigenous Peoples (First Nations, Inuit and Métis)

Person living with a visible or invisible disability

Member of 2SLGBTQQIA+ communities

Member of racialized groups

□ Neurodiverse

Groups who are geographically isolated

☐ First generation post-secondary students

A different equity-seeking group with barriers to accessing DRI that I'd like to describe:

4/3 11) Please describe the barriers to success within traditional academic structures that exist for this group. How may improved knowledge about or access to DRI mitigate these barriers? What barriers currently exist for this group in accessing DRI? (Max 250 words)

🗹 12) How do you plan to implement your vision for the DRI EDIA Champions initiative? Select all applicable categories. (It is expected that successful applications will address more than one of these broad areas of activity, but not necessarily all. If applicants identify other areas of activity that are aligned with this program's purpose, these may be considered as well.)

_		at all all gill	ies mar and progr	S o puip		20110101	
P A D Ir	raining/mentoring romoting/advancing DRI ddressing disciplinary challe riving culture change oforming future initiatives other: please specify	enges					
othe proje	r Indigenous communities,	collectives,	and organizations	s must be	co-developed and	approve	n with First Nations, Inuit, Métis, and ed by those involved. As appropriate, es your proposal include the use of
П ү П м							
	13a) If yes: Please describe s this proposal address Indi			co-develo	ped and approved	by thos	e whom the data belong to? How
host direa	ing peer to peer training sec ct engagement and knowled	ssions, dev Ige gatherir	elopment of know ng with equity-see	ledge tran king group	sfer products inclues, engagement wi	ding blo th decis	DRI of interest? (These may include og posts or social media content, ion makers within your host RI for equity-seeking groups).
۰ 🥐	15) What is the expected tin				Milastona		
	Jul 2024 – Aug 2024 (Pleas activities executed prior to agreement completion are ineligible).	se note,	Planned Activity		Milestone		
	Sept 2024- Dec 2024						
	Jan 2025- Mar 2025						
4	16) How do you intend to m	easure the	impact of these ad	ctivities?			
	Activity	Target/Ou	utcome	Provinci	f activity (Select Na al, Municipal, Unive partment wide.)		Location of Activity
						-	
						_	
						_	
						_	
						-	
						_	

- E 17) How many people within the equity-seeking group(s) do you intend to engage with the proposed activities?
 - □ a. 1 25 □ b. 26 50 □ c. 51 100 □ d. 101 250 □ e. 251 +

Budget Please provide a breakdown of how the awarded funds will be used. Budgets must include funds for travel and accommodation to one in-person meeting organized by the Alliance. Please refer to the Call for Proposals document for limits.Note: expenditures must be clearly explained and be noted in CAD.

🧠 Travel to the in-person meeting hosted by the Alliance. Maximum is \$3,000. For residents of the Greater Toronto Area, maximum is \$1,500.Include transportation, accommodation, meals, and any other relevant costs. If travel costs exceed \$3,000, please provide a justification for the added expense, i.e.: coming from a remote and isolated location.

Budget Item	Description of Expense	Add additional Expenses
		Π
		Π
		Π

Travel Budget Exceeds \$3000- please provide a justification for the added expense(s).

🧠 Project costs (up to \$5000).Please list all expenses including activities, material costs, gifts/honorariums and any other relevant expenses.

Cost (\$)	Description of Expense	Add additional Expenses

 -	
 -	
 -	
 _	
 _	 П
 _	 . П
 _	 . П
 _	 . п

 If Project Costs exceed \$5000- please provide a justification for the added expense(s).
