



PLEASE SELECT THE GRANT YOU ARE APPLYING FOR:	
<input type="checkbox"/> EMINENCE RESEARCH CLUSTERS OF EXCELLENCE	<input type="checkbox"/> CLUSTER-BUILDING GRANT
CLUSTER LEAD (ADMINISTRATIVE LEAD)	
LAST NAME:	FIRST NAME:
FACULTY:	DEPARTMENT:
RANK:	E-MAIL ADDRESS:
CLUSTER CO-LEAD (IF APPLICABLE)	
LAST NAME:	FIRST NAME:
FACULTY:	DEPARTMENT:
RANK:	E-MAIL ADDRESS:
PROPOSED RESEARCH CLUSTER TITLE / CLUSTER-BUILDING TITLE	
KEYWORDS (10 WORDS MAXIMUM)	
PLAIN LANGUAGE SUMMARY (100 WORDS MAXIMUM)	



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MEMBERSHIP. Clusters may have up to 10 Cluster Members including Lead(s). This information will be used to confirm the eligibility of all team members and will help to avoid conflicts of interest with potential reviewers. Individual faculty can lead a maximum of one cluster and can participate in a maximum of two clusters.

CLUSTER MEMBERS – Full-time faculty in the tenured or tenure-track research stream

	LAST NAME	FIRST NAME	INSTITUTION, CAMPUS	FACULTY, DEPARTMENT
1				
2				
3				
4				
5				
6				
7				
8				
9				

CLUSTER COLLABORATORS – Other key contributors who are not faculty (optional)

	LAST NAME	FIRST NAME	INSTITUTION/COMPANY
1			
2			
3			
4			
5			
6			



ANNUAL FUNDING REQUEST			
CLUSTER-BUILDING GRANT, UP TO \$5,000 FOR 1-YEAR // RESEARCH CLUSTERS GRANT, FROM \$20,000 TO \$200,000 FOR 3-YEARS			
YEAR 1	YEAR 2	YEAR 3	TOTAL:
DOCUMENT CHECKLIST - SUBMIT AS A SINGLE PDF TO VPRAWARDS.UBCO@UBC.CA BY SEPTEMBER 16 TH , 4:00 PM.			
<p>CLUSTER-BUILDING GRANT</p> <p><input type="checkbox"/> COVER PAGE (THIS DOCUMENT)</p> <p><input type="checkbox"/> FREE-FORM PROPOSAL (2-PAGES MAXIMUM)</p> <p><input type="checkbox"/> SHORT-FORM CV FOR CLUSTER MEMBERS (2-PAGES MAXIMUM, EACH)</p> <p>EMINENCE RESEARCH CLUSTERS OF EXCELLENCE GRANT</p> <p><input type="checkbox"/> COVER PAGE (THIS DOCUMENT)</p> <p><input type="checkbox"/> FREE-FORM PROPOSAL (4-PAGES MAXIMUM)</p> <p><input type="checkbox"/> IF APPLICABLE – RENEWAL CRITERIA (2-PAGES MAXIMUM)</p> <p><input type="checkbox"/> IF APPLICABLE - RESPONSE TO REVIEWERS (1-PAGE MAXIMUM)</p> <p><input type="checkbox"/> ANNUAL BUDGETS AND JUSTIFICATION (USE BUDGET TEMPLATE)</p> <p><input type="checkbox"/> SHORT-FORM CV FOR CLUSTER MEMBERS (2-PAGES MAXIMUM, EACH)</p>			
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 HEAD			
NAME:	SIGNATURE:	DATE:	
DEAN (MUST BE SIGNED BY THE DEAN; DEAN’S DESIGNATE SIGNATURE NOT ACCEPTED)			
NAME:	SIGNATURE:	DATE:	



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CLUSTER CO-LEAD (IF APPLICABLE)		
NAME:	SIGNATURE:	DATE:
DEPARTMENT HEAD		
NAME:	SIGNATURE:	DATE:
DEAN (MUST BE SIGNED BY THE DEAN; DEAN'S DESIGNATE SIGNATURE NOT ACCEPTED)		
NAME:	SIGNATURE:	DATE: