



**NETWORKS OF CENTRES OF EXCELLENCE
FULL APPLICATION FORM
NCE on BSE and Other TSEs (2005)**

Before completing this form, read the instructions and refer to the *NCE Program Guide*.

Date

BOOK 1: SECTION A: GENERAL INFORMATION			
SCIENTIFIC DIRECTOR			
Family name	Given name	Initial(s) of all given names	Personal identification no. (PIN)
Preferred language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French		Percentage of total salaried time committed to the network by Scientific Director %	
NETWORK (Name of network plus acronym)			
KEYWORDS (provide up to 10 keywords)			
AMOUNTS REQUESTED FROM NCE PROGRAM			
(Year 1 to 4 from page G.2, line 10)			
Year 1	Year 2	Year 3	Year 4
Year 5	Indicate the anticipated NCE funding for years 5 to 7.		
	Year 6	Year 7	
SIGNATURES			
It is agreed that the general conditions governing grants as outlined in the granting agencies' literature apply to any grant made pursuant to this application and are hereby accepted by the Scientific Director and the proposed Network Host Institution.			
_____		_____	
Scientific Director		President or Chief Executive Officer, Proposed Network Host Institution	
SCIENTIFIC DIRECTOR'S CONTACT INFORMATION			
Department			
Organization			
Tel. Area Code	Tel. Number	Tel. Extension	Fax. Area code Fax. Number Fax. Extension
E-mail address			

Name of network

BOOK 1: SECTION B: ALPHABETICAL LIST OF KEY INDIVIDUALS

Section B will be completed by clicking on the link for the Excel spreadsheet: [Section B BSE – ESB](#).
The rest of this page will remain blank.

Name of network

BOOK 1: SECTION C: NETWORK VISION (maximum one page)

Name of network

BOOK 1: SECTION D: SUMMARY OF PROPOSAL FOR PUBLIC RELEASE (Use plain language - maximum one page)

Name of network

BOOK 1: SECTION E: STRATEGIC PLAN

Follow the instructions for completing the six required sections of the strategic plan within the overall limit of 55 pages.

Name of network

BOOK 1: SECTION F: REFERENCES CITED

Use extra pages as required to provide a bibliography (including titles) of all references cited in Sections D, E or G.
(e.g., name(s), title, publication, volume, page(s), year)

Name of network

BOOK 1: SECTION G: BUDGET

Section G will be completed by clicking on the links for the two Excel spreadsheets: '[Budget Page G1-4 and G6](#)' AND '[Budget Page G5](#)' respectively. The rest of this page will remain blank.

Name of network

Use one page per organization. List the investigators alphabetically. Read instructions for definition of Network Investigator. Where indicated, enter the percentage of the total salaried time committed to the network. The network investigators agree that the Scientific Director will administer the grant in accordance with the directives of the Board of Directors.

BOOK 5: SIGNATURES OF PROPOSED NETWORK INVESTIGATORS BY ORGANIZATION

Family name, initial(s) and PIN	Organization, department and position	% of time	Signature

INVESTIGATOR(S) ORGANIZATION

It is agreed that the general conditions governing grants as outlined in the granting agencies' literature apply to any grant made pursuant to this application and are hereby accepted by the organization.

This certifies that the potential Network Investigators employed by the organization have a mandate to undertake independent research and that the time, space and basic facilities necessary to carry out the research proposed in this application will be available to them.

SIGNING OFFICER'S CONTACT INFORMATION

Family name	Given name		
Title of position	Tel. Area code	Tel. Number	Tel. Extension
Department			
Organization			
NSERC PIN if available.	Signature		