

MICRO ACCESS GRANT APPLICATION

*Please ensure you are eligible for this access grant and have reviewed the guidelines. Submit this form **1-2 months before** your planned access to the facility. Incomplete applications will not be reviewed.*

I. FACILITY/ LAB DETAILS

Name of Facility: _____

Department: _____

Requested Instrument/ Tools: _____

Facility Manager/ PI Name:

Facility Manager/ PI Email:

Facility Worktag: _____

What is your proposed timeline for accessing the facility? *Include the anticipated start date and duration:*

II. BUDGET

Please enter the estimated cost for your research activity (in CAD). Funding can be awarded up to \$1,000. **Note: Only eligible expenses are reimbursed.** Eligible expenses include user and service fees, equipment training, equipment time, sample preparation, materials supplies and accessories.

Equipment	
Sample Preparation	
Technical Assistance – training and labor, imaging software, data analysis etc.	
Others – supplies, accessories etc.	
Total expenses (CAD)	

III. APPLICATION STATEMENT

Please provide a rationale (**150-250 words**) explaining how access to this facility will contribute to your research activities. If needed, continue on the next page.

IV. SIGNATURES

Supervisor/ PI Name: _____

Supervisor/ PI Signature: _____

Date: _____

Facility Manager Name: _____

Facility Manager Signature: _____

Date: _____

Student Signature: _____

Date: _____