

## 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. Applications are reviewed every two months. 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.	
<b>Total expenses (CAD)</b>	

### 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: \_\_\_\_\_