# Indicate here to which theme your proposal corresponds

***Tick (√) the chosen theme***

|  |  |
| --- | --- |
| **Accessibility in higher education** |  |
| **Harmonious transition in higher education** |  |

*Duly completed form to be e-mailed to the following address:* *bpage@poleia.quebec* *before February 28th 2023 at midnight.*

# project presentation Specifics:

* *The teams proposing a project must have indicated above which theme it corresponds to.*
* *The teams are invited to read the* ***Proposal Presentation Guide*** *prepared for this purpose. It is available for download from the PIA website.*
* *All proposals meeting the eligibility conditions will be evaluated according to a series of criteria specified in the* ***Proposal Presentation Guide*** *by an independent jury created by the PIA.*

***Eligibility requirements:***

* Involve members of at least one CEGEP and one university that is part of the Pôle montréalais d’enseignement supérieur en intelligence artificielle (PIA).
* Designate a project manager institution.
* Have the support of the management of each partner educational institution in the project.
* Submit an allocation formula for the project that does not require a financial contribution of more than $80,000 from the PIA.
* Have a minimum duration of one year and a maximum of two years between the month of May 2023 and the end of June 2025.
* Register under one of the two themes presented in the previous section.

# 1. Brief Presentation of Project

|  |
| --- |
| 1.1 Project name |
| *Maximum of 150 characters* |
| 1.2 Brief Presentation of Project |
| *Maximum of six lines in 10-point Arial font* |
| 1.3 Identification of managing institution[[1]](#footnote-2)\* |
|  |  |
| Name: |  |  |
|  |  |
| Address: |  |  |
|  |  |
| 1.4 Project duration |
| □ | One year | □ | Three semesters | □ | Two years |  |

|  |
| --- |
| 1.5 ANTICIPATED PIA Contribution  |
| Anticipated contribution from PIA |  |  |
|  |  |

# 2. Project contributors and external partners

|  |
| --- |
| 2.1 COLLEGE and university contributors\* |
|  |  |
| 1. | Surname: |  | First name: |  | Title: |  |
|  |  |
|  | Institution: |  | Address: |  | E-mail: |  |
|  |  |
| 2. | Surname: |  | First name: |  | Title: |  |
|  |  |
|  | Institution: |  | Address: |  | E-mail: |  |
|  |  |
| 3. | Surname: |  | First name: |  | Title: |  |
|  |  |
|  | Institution: |  | Address: |  | E-mail: |  |
|  |  |
| 4. | Surname: |  | First name: |  | Title: |  |
|  |  |
|  | Institution: |  | Address: |  | E-mail: |  |
|  |  |

|  |
| --- |
| 2.2 External partners\* (if applicable)\*\* |
|  |  |
| 1. | Surname: |  | First name: |  | Title: |  |
|  |  |
|  | Institution: |  | Address: |  | E-mail: |  |
|  |  |
| 2. | Surname: |  | First name: |  | Title: |  |
|  |  |
|  | Institution: |  | Address: |  | E-mail: |  |
|  |  |

*\*\* Attach letter of support from each external partner.*

# 3. Detailed Presentation of Project

|  |
| --- |
| 3.1 Project name |
|  |
| 3.2 Project description *(maximum of six pages in 10-point Arial font)* |
| ISSUE/CHALLENGE Identified  |
| Objectives pursued and relevance |
| Methodology |
| roles and responsibilities OF THE CONTRIBUTORS |
| Role and contribution of external partner(s) (if applicable) |
| Expected IMPACT/INFLUENCE, benefits and FINDINGS considering, in particular, the results indicators identified by the ministère de l’Enseignement supérieur |
| PLAN FOR PROMOTION, INTERVENTION AND DISSEMINATION OF DELIVERABLES |
| 3.4 Project Timeline |
|  |

|  |
| --- |
| 3.5 Budget *(replace items in parentheses with project-specific items)* |
|  |  |
|  |  |
| Contribution from PIA (maximum $80,000 over two years, or $40,000 for a one-year project) |  |
|  |  |
| Other contribution No 1 (if applicable) |  |
|  |  |
| Other contribution No 2 (if applicable) |  |
|  |  |
| **TOTAL** |  |
|  |  |
| **EXPENSES** |  |
| Item No 1 (e.g. participant release) |  |
|  |  |
| Item No 2 (e.g. second participant release) |  |
|  |  |
| Item No 3 (e.g. travel and accommodation expenses) |  |
|  |  |
| Item No 4 (e.g. materials and/or equipment) |  |
|  |  |
| … |  |
|  |  |
| … |  |
|  |  |
| **TOTAL:** |  |

# 4. Signatures of DIRECTORS OF participating institutions

|  |
| --- |
| I, the undersigned, hereby declare that:* All information set out in this grant application and attachments is, to the best of my knowledge, accurate, and,
* I have obtained the approval of all institutions and organizations associated with the project.
 |
|  |  |
| 1. | Name of managing institution: |  | Date: |  |
|  |  |
|  | Signature of college director general or university vice-president: |  |
|  |  |  |
|  | Print Name:  |  |
|  |  |
| 2. | Name of institution: |  | Date: |  |
|  |  |
|  | Signature of college director general or university vice-president: |  |
|  |  |  |
|  | Print Name:  |  |
|  |  |
| 3. | Name of institution: |  | Date: |  |
|  |  |
|  | Signature of college director general or university vice-president: |  |
|  |  |  |
|  | Print Name: |  |
|  |  |

1. \* Terms followed by an asterisk are defined in the Appendix 2 of the *Proposal Presentation Guide.* [↑](#footnote-ref-2)