



Background Information

Excellence in Community- Campus Research Partnership Award 2024



RESEARCH PARTNERSHIP INFORMATION

Name of Research Partnership:

Location(s) of Research Project:

List of Community Partner Organizations(s):

List of Academic Partner Institution(s):

Brief Research Project Description:

COMMUNITY REPRESENTATIVE INFORMATION

Please choose one community representative who would accept the award on behalf of the research team

First and Last name:

Email:

Phone:

Title and Organization Affiliation:

The **CBRCanada Member Organization** the nominee is a staff, faculty or student of:
(at least one representative needs to be a member)

ACADEMIC REPRESENTATIVE INFORMATION

Please choose one academic representative who would accept the award on behalf of the research team

First and Last name:

Email:

Phone:

Title and Academic Affiliation:

The **CBRCanada Member Organization** the nominee is a staff, faculty or student of:
(at least one representative needs to be a member)