SECTION 4: BUDGET							
Note: See the Call Document and FAQ for more info	ormation about budget rest	rictions					
Enter all amounts in Canadian dollars.							
4.1 List all anticipated expenses (in CA\$).	or common (o. g. 100000)						
	er a numeric value without characters, spaces, or commas (e.g. 100000). Amount of expenses (in CA\$)						
Personnel	(e)						
Consultants							
Equipment							
Domestic travel							
International travel							
Training							
_							
Research expenses							
Indirect costs							
Other							
Maximum 100 words. 4.2 List all anticipated contributions from Lead a	nd Partner Organizations (in CA\$). Amount of financial contribution (in CA\$,	Estimated value of in-kind contribution (in				
		enter numeric value	CA\$, enter numeric				
	Name of organization	only)	value only)				
Lead Organization							
First Partner Organization (if applicable)							
r not r draid: Organization (ii applicable)							
Second Partner Organization (if applicable)	_						
Third Partner Organization (if applicable)							
Fourth Partner Organization (if applicable)							
Fifth Partner Organization (if applicable)			<u></u>				

Sixth Partner Organization (if applicable)			
Seventh Partner Organization (if applicable)			
Eighth Partner Organization (if applicable)		_	<u> </u>
Ninth Partner Organization (if applicable)			
	Description of	of in-kind contribution (i.e. office	e space, equipment, etc.)
Lead Organization			
First Partner Organization (if applicable)			
Second Partner Organization (if applicable)			
Third Partner Organization (if applicable)			
Fourth Partner Organization (if applicable)			
Fifth Partner Organization (if applicable)			
Sixth Partner Organization (if applicable)			
Seventh Partner Organization (if applicable)			
Eighth Partner Organization (if applicable)			
Ninth Partner Organization (if applicable)			
Total financial and in-kind contributions (in CA\$, enter numeric value only)			
4.3 What is the total amount of funding reque			\$)?
Enter a numeric value without characters, space: Note: The total amount requested should equal t considered is CA\$1,000,000.			e maximum budget that will t
4.4 What is the anticipated distribution among	g partners of the fur	nding requested from IDRC?	
Note: The sum total of the amount of funding red	eived by each orga	anization should equal the total Share of total funding requested (as %, enter	·
Name	of organization	numeric value only)	Amount (in CA\$, enter numeric value only)
Lead Organization			
First Partner Organization (if applicable)			
Second Partner Organization (if applicable)			
Third Partner Organization (if applicable)			

Fourth Partner Organization (if applicable)	 	
Fifth Partner Organization (if applicable)	 	
Sixth Partner Organization (if applicable)	 	
Seventh Partner Organization (if applicable)	 	
Eighth Partner Organization (if applicable)	 	
Ninth Partner Organization (if applicable)	 	