

Grant Application Form

Healthcare Research by Community Physicians

Complete below in full and use as the cover page of your electronic and paper copy of your application

Research Project Title			
Applicant (please attach curriculum vitae to application)			
Full Name			
Contact Information	Telephone	Email	
	Street Address and Suite/Unit		
Address	City/Town	Province	Postal Code
		ON	
Funding Requested (maximum \$5,000)			
\$ _____ Duration of Project _____ Project Start Date: _____			
Sponsoring Institution (to which grant payments will be issued)			
Institution Name			
Charitable Registration Number			
Contact Person at Sponsoring Institution	Name		Title
	Telephone		Email
	Street Address and Suite/Unit		
	City/Town	Province	Postal Code
		ON	
Other Funding			
Have you applied / intending to apply for other funding for this study? Yes__ No__ (if yes, complete below (add rows as necessary):			
Funding Agency	Amount Requested/Duration	Status	
		Approved__ Declined__	
		Pending ____ (Expected Date of Decision): _____	

Description of Project

(Describe below in full the objectives and methodology and what project seeks to accomplish)

Budget Items & Rationale (items not fully justified with rationale will not be considered)	Year 1 \$	Year 2 \$	Total \$
Personnel (describe type/role of personnel and indicate amount of time per week or month)			
•			
•			
•			
Total Personnel			
Materials & Supplies (describe type and quantities required and how will be used for study)			
•			
•			
•			
Total Materials & Supplies			
Conferences / Publication Costs / Knowledge Translation Activities (maximum \$600)			
•			
•			
Total Conferences / Knowledge Translation Activities			
Other Expenses (full detailed description, quantities and amounts must be provided below)			
•			
•			
Total Other Expenses			
TOTAL PROJECT BUDGET REQUESTED			

Signatures

The signing of this application constitutes acceptance and agreement of the terms and conditions set out in the Funding Guidelines and that all information provided is accurate and truthful.

Signature of Principal Investigator **Date Signed**

Signature of Authorized Officer of Sponsoring Institution (required) **Date Signed**

Submission – 2 parts:

1. Email one PDF format file attachment of all required application contents by 5:00 pm EST on the application deadline date to psif@psifoundation.org

AND

2. Mail/courier one paper hard copy of the complete application contents postmarked or courier stamped no later than 5:00 pm EST on the deadline date and mailed to:

Physicians Services Inc. Foundation
5160 Yonge Street, Suite 1006
Toronto, ON M2N 6L9

We are unable to accept incomplete or late applications or applications by fax.

2009 – 2010 Submission Deadline Dates

November 19, 2009 for the Grants Committee meeting to be held in March 2010

February 18, 2010 for the Grants Committee meeting to be held in June 2010