



Institute Community Support Program – Application Form

Instruction to help you fill out this form

1. Review CIHR funding programs to ensure that your request for funding cannot be funded by an existing CIHR funding program. If you require help to determine this information please contact the specific contact person from the Institute which you are seeking support.
2. Obtain a CIHR Personal Identification Number (PIN) if you do not already have one by going to the following web address and following the instructions:
<http://www.cihr-irsc.gc.ca/e/38201.html>
3. Fill out the following application form and save it.
4. Print a copy and sign it to be sent by mail to the Institute(s) you are applying to for funding.
5. Send an electronic copy of this application form to the same Institute(s) you are applying to for funding.



Institute Community Support Program – Application Form

1. Applicant Information

a) CIHR PIN

b) Name of Applicant

c) Affiliation

d) Institution paid

e) Address

f) Telephone Number

g) Email

2. Request for Funding Information

a) Project Title

b) Are you applying as an

Individual, or as an Organization

c) If you are requesting funds from other CIHR Institutes please indicate them.

- Institute of Aboriginal Peoples' Health
- Institute of Aging
- Institute of Cancer Research
- Institute of Circulatory and Respiratory Health
- Institute of Gender and Health
- Institute of Genetics
- Institute of Health Services and Policy Research
- Institute of Human Development, Child and Youth Health
- Institute of Infection and Immunity
- Institute of Musculoskeletal Health and Arthritis
- Institute of Neurosciences, Mental Health and Addiction
- Institute of Nutrition, Metabolism and Diabetes
- Institute of Population and Public Health



d) If you are requesting funds from other sources then CIHR please list them.

e) Total amount requested

\$

f) Start date of funding request: month/day/year

g) Duration of funding request (in months):

h) Using the following model, please submit, as an attachment to this application, a budget table that includes names of all funding sources, amounts and timelines requested for this activity.

Source of funds	\$ requested 2011-2012	\$ requested 2012-2013	\$ requested 2013-2014	Total
Total				

i) Provide a justification for the amount and duration of the funding request.

3. Activity Description

a) Provide the rational and objective(s) of funding request.



b) How does this request align with the Institute's mandate?

c) Provide description of the activity for which support is being requested

d) Provide the anticipated outcomes of the funding request.

e) Provide information on the anticipated size of the target audience and the specific intended use of the CIHR grant or award.

f) Describe the need for this activity, including a statement why this request cannot be funded under existing CIHR funding programs.



4. Signatures

Consent to Disclosure of Personal Information

I understand that maintaining public trust in the integrity of researchers is fundamental to building a knowledge-based society. By submitting this application or by accepting funding from CIHR, NSERC and/or SSHRC, I affirm that I have read and I agree to respect all the policies of these Agencies that are relevant to my research, including the *Tri-Council Policy Statement: Integrity in Research and Scholarship*. In cases of a serious breach of Agency policy, the Agency may publicly disclose my name, the nature of the breach, the institution where I was employed at the time of the breach and the institution where I am currently employed. I accept this as a condition of applying for or receiving Agency funding and I consent to such disclosure.

Name of Applicant

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Signature of Applicant

Date

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