



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 at the Institute from 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:
<https://cihr-irsc.fcar.qc.ca/pls/crm/CRMEN.inscrip>
3. Fill out the following application form and save it. If your version of Adobe does not allow you to save this document, please contact the Institute who will forward you a Word version.
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 sources other than CIHR please list them.

e) Total amount requested

\$

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

g) Duration of funding request (in days and/or 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 2009-2010	\$ requested 2010-2011	\$ requested 2011-2012	Total
Total				

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

3. Activity Description

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



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

c) Provide a 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

Name of Applicant

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Signature of Applicant

Date

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