**Student Initiative Grants Program Funding Application**



**DUE DATE:**

To submit a completed application, or if there are questions or concerns, please email the Student Initiative Grants Program coordinator at [sigs.cfms@gmail.com](mailto:sigs.cfms@gmail.com). Applications must be submitted via **PDF.**



INITIATIVE CONTACT INFORMATION

**Initiative Name:** Click or tap here to enter text.



**Applicant Name(s):** Click or tap here to enter text.

**Medical School:**  Click or tap here to enter text.



**Primary Project Email:** Click or tap here to enter text.

**Alternate Email:** Click or tap here to enter text.

**Contact Phone #:** Click or tap here to enter text.

**School Address:** Click or tap here to enter text.

*Note: If the application is being made jointly by students from more than one medical school, please note both schools above and indicate which schools the applicants attend.*

APPLICATION DECLARATION

By checking the boxes below, the above applicants confirm the following:

The information in this document is accurate to the best of their knowledge.

All eligibility and other guidelines laid out in the Student Initiative Grants Program Guidelines document have been abided by.

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Applicant Name(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

INITIATIVE DETAILS

**Please summarize your project, including its objective(s), the specific activities that will be undertaken, and any other information that you feel is important to include. (max. 500 words)**

Click or tap here to enter text.

**Please detail how the proposed initiative will enhance the experience of Canadian medical students with respect to their education, wellbeing, or otherwise. (max. 300 words)**

Click or tap here to enter text.

**Please detail how the proposed initiative will enhance the local and/or provincial community of the applicant(s). (max. 250 words)**

Click or tap here to enter text.

**Please detail how the proposed initiative will have a long-term impact and/or how the initiative will be maintained once the requested SIG funding is used up. (max. 250 words)**

Click or tap here to enter text.

**If you have a website or any other social media for your initiative, please include the address(es) and/or handle(s) below:**

*Note: The existence or lack thereof of an electronic presence is not an evaluated factor in the adjudication process.*

Click or tap here to enter text.

INITIATIVE TIMELINE

**Please provide an estimated project timeline. If your initiative does not have a defined end point, please indicate this, but also signify when you expect to finish using the awarded funds.**

Click or tap here to enter text.

FUNDING

**Funding amount requested:** Click or tap here to enter text.

Please complete the budget form below in as much detail as possible. It is requested that the full budget for the initiative be included, even if part of it will be funded by another source or if you are using donations received in kind.

A description of how to fill out the form is as follows:

* Within “Item”, specify what you will be paying for.
* Within “Description”, include information such as (but not limited to) what the item is required for, what the price per unit is (if purchasing multiple of the same item), et cetera.
* Within “Cost”, include the overall price of the item (for multiples of the same item, specify cost per unit under “Description”.
* Within “Other Resources”, include any other source (sponsorship, other funding programs, donations, fundraising, et cetera) that you have for that particular item, and the amount that they are covering. If you have a set amount of money from another source but it is not allocated to cover a particular line item, you may either assign it as desired, or include a separate line for that funding.
* Within “Remaining Expense”, specify the amount that you are requesting for that line item from the Student Initiative Grants funding. This would be the cost, less any other resources that you have.
* Within “Timeline,” specify the anticipated timeline of the required distribution of funds. This would be the month and year that you anticipate this cost. If there is no cost to the CFMS (i.e. you will not require reimbursement for the Item), please write “n/a".

The more detail and specifics that you can provide when completing your budget, the better. If you are paying for an item of significant cost, it is appreciated if you can provide the amount of the actual estimate that you received.

*Note: When completing the budget form, please remove the examples.*

**Student Initiative Grants Program Funding Application: Budget**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Description** | **Cost** | **Timeline** | **Other**  **Resources** | **Remaining**  **Expense** |
|  |  |  |  |  |  |
| *Example: Website hosting fee.* | *Annual fee for hosting initiative website ($30/annually x 2 years).* | *$60.00* | *April 2018, April 2019* | *None.* | *$60.00* |
| *Example: Meals for seminar participants.* | *Sandwiches for all seminar attendees ($5/each x 30 participants).* | *$150.00* | *August 2018* | *$100.00 (from medical students’ association event funding)* | *$50.00* |
| *Example: Meal for seminar participants.* | *Pop for all seminar attendees ($0.00 x 30 participants).* | *$0.00* | *n/a* | *In kind donation from campus Students’ Union.* | *$0.00* |
| *Example: Faculty of Medicine event grant.* | *Funding received from the Faculty of Medicine for this initiative.* | *$0.00* | *n/a* | *$300.00* | *-$300.00* |
|  |  |  |  |  |  |
|  |  | **TOTAL COSTS:** $Click or tap here to enter text. |  |  | **TOTAL REMAINING EXPENSE:**  $Click or tap here to enter text. |

*Note: Please add more lines if necessary.*

**TOTAL AMOUNT OF FUNDING REQUESTED:** $Click or tap here to enter text.

*Note: This should be equal to or less than the Total Costs - Other Resources = Total Remaining Expense.*