\*Please the complete the following form and submit via email to BrainsCAN ([brainscan@uwo.ca](mailto:brainscan@uwo.ca)).

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| **BrainsCAN Mandate** |
| BrainsCAN is Western University’s CFREF funded initiative to increase our understanding of higher brain functions in health and disease.  BrainsCAN endeavors to:   * radically transform our understanding of the brain; * significantly reduce the impact of cognitive disorders; * lead public policy and medicolegal ethics debates from a position of knowledge; and * increase Western University’s global reputation as the premiere institute for cognitive neuroscience research |

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| **Applicant Information** | | | | |
| **Project Lead:** |  | | | |
| **Email:** |  | | **Extension:** |  |
| **Department / Faculty** |  | | | |
| **List all Team Members Involved:** | | | | | |
| Please select all keywords that describe the nature of the requested funds: | | | | | |
| **Knowledge Dissemination:** | | **Knowledge Translation:** | | | |
| **HQP Development:** | | **Collaboration Development:** | | | |
| **Conference/Workshop /Seminar:** | | **Technology / Capacity Development:** | | | |
| **Community Outreach:** | | **Other:** | | | |

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| **BrainsCAN Alignment & Benefit to Strategic Priorities *(~1 page)*** |
| *Describe the special initiative, what will be achieved and who will benefit. Be sure to directly reference the priorities of BrainsCAN and how this initiative positively impacts them.* |

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| **Specific Deliverable and Milestones (~1 page)** |
| *Provide details of the initiative with specific deliverables (ie. Workshop on yyyy/mm/dd for X number of HQP etc.). and milestones. Be sure to include methodology for tracking and reporting impact.* |

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| **Equity, Diversity and Inclusion (~1/2 page)** |
| *BrainsCAN is committed to Equity, Diversity and Inclusion (EDI) in all aspects of its programs. It welcomes and encourages participation from Indigenous persons, persons with disabilities, members of racialized groups/visible minorities, persons of any sexual orientation, persons of any gender identity or gender expression, and others who may contribute to diversification. Please describe how you will* ***embed EDI principles*** *into the development and delivery of this initiative* |

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| **Letters of Support** |
| *Please attach letters of support from any partners involved.* |

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| **Budget Details** | | |
| *Please complete the following table with the proposed budget breakdown. The expenditure type categories include travel, knowledge dissemination, small equipment, materials, salaries & benefits, and other expenses. For further description of expense eligibility please consult the* [*CFREF website*](http://www.cfref-apogee.gc.ca/program-programme/administer-administrer-eng.aspx)*.* | | |
| Expenditure Type | Additional Details | Amount |
|  |  | $0.00 |
|  |  | $0.00 |
|  |  | $0.00 |
|  |  | $0.00 |
|  |  | $0.00 |
|  |  | $0.00 |
|  |  | $0.00 |
|  |  | $0.00 |
|  |  | $0.00 |
|  |  | $0.00 |
|  |  | $0.00 |
|  |  | $0.00 |
| **Total Amount Requested** |  | **$0.00** |

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| **Additional Budget Justification** |
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*\*The signature provided below indicates knowledge of and adherence to the requirements of CFREF as noted on their* [*program website*](http://www.cfref-apogee.gc.ca/program-programme/administer-administrer-eng.aspx)*, as well as, if successful, a commitment to use the funds as described in this application. Furthermore, please note all funded projects are required to provide impact data on an annual basis to BrainsCAN*.

**Applicant’s Signature Date**