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

|  |
| --- |
| **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
 |

|  |
| --- |
| **Contact Information** |
| **Name:** |       |
| **Email:** |       | **Extension:** |       |
| **Department / Faculty** |       |

|  |
| --- |
| **BrainsCAN Alignment & Benefit to Strategic Priorities** |
| Please provide rationale for how the requested funds are in line with the priorities of BrainsCAN and positively impact them.       |

|  |
| --- |
| **Request Details** |
| Amount requested: $        |
| 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:       |
| Please describe how the requested funds will be used, what will be achieved and who will benefit. Whenever possible provided specific details (ie. Workshop on yyyy/mm/dd for X number of HQP etc.)      |

|  |
| --- |
| **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** |

*\*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**