\*Please the complete the following form and submit via email to Fay Harrison, BrainsCAN Executive Director ([fharriso@uwo.ca](mailto:fharriso@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 breakdown of the purposed funds usage. 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 |
| **Total Cost** |  |  |
| **Total Amount Requested** |  |  |

*\*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 and in an ethic manner. Furthermore, please note all funded projects are required to provide impact data on an annual basis to BrainsCAN*.

**Applicant’s Signature Date**