



## APPLICATION FORM

### Workshop & Research Community Development Funding Program

For application guidelines, please see the funding program webpage.

<b>Title of proposed event</b>			
<b>Location of event</b>			
<b>Date(s) of proposed event</b>		<b>Amount requested from IHSPR</b>	
<b>Principal applicant</b>		<b>Proposed Fund Holder</b>	
Mailing Address		Mailing Address	
Telephone	Fax	Telephone	Fax
E-mail		E-mail	
<b>Co-applicants (list all):</b>			
Name:		Organization:	Position:
1.			
2.			
3.			
<b>Number of event participants: _____</b>			
<i>*For workshops and workshop-like events, please attach and appendix listing the name and relevant organization affiliations of key participants (other than the principal/co-applicant listed above).</i>			

**Expenses NOT ELIGIBLE include:**

- **Support of research trainees or technical assistants (other than for travel and accommodation or for purposes identified above)**
- **Purchase of equipment**
- **Operating costs of research projects**

**ADDITIONAL CONDITIONS OF FUNDING:**

- CIHR contributions must be acknowledged in the program and proceedings of the event.
- An electronic report of the event is required within two months of completion of the event.

**Please submit your application electronically to:**

Craig Larsen  
CIHR Institute of Health Services and Policy Research  
clarsen@ihspr.ubc.ca



**Expenditures** – *Please budget for line items that are relevant to the proposed event.*

Travel and ground expenses for participants – <i>it is expected that the most economic fares will be sought</i>	\$
Meeting rooms and associated meeting costs	\$
Administrative and support costs	\$
Publication, translation and dissemination costs	\$
Modest honoraria for 1 or 2 expert guests	\$
Fees or honoraria for the preparation of background documents such as environmental scans	\$
Wages/salary for research assistants	\$
<b>TOTAL EVENT BUDGET:</b>	<b>\$</b>

**Revenues** – We expect you to seek funding from additional sources. Please identify all approached organizations, and amounts requested from each.

**Other CIHR Institutes:**

Institute	Amount Requested	Amount Received
	\$	\$
	\$	\$
	\$	\$
<b>SUB-TOTAL:</b>		<b>\$</b>

**Other Organizations:**

Organization	Amount Requested	Amount Received
	\$	\$
	\$	\$
	\$	\$
<b>SUB-TOTAL:</b>		<b>\$</b>
<b>TOTAL REVENUES:</b>		<b>\$</b>

**Please attach the following:**

- **Proposal Abstract** – rationale for the meeting or activity and a statement of objectives and strategies (*Strict Max. 250 words – Times New Roman 12 pt Font*)
- **Proposal Detail**– introduction and background, objectives, methods (including evaluation plan and dissemination of outcomes), and any additional information (*Strict Max. 1000 words – Times New Roman 12 pt Font*)