

PEI Health Research Program Application

Name:	Organization:
Email:	Mailing Address:
Title of Project:	
Start Date for Project:	Completion Date for Project:
Lay Summary of Project: (to be used for website)	
<input type="checkbox"/> proposal attached	
Relevance to health care on PEI: (include involvement of health system, potential for improving health system)	
This research will benefit Islanders by... (include involvement of PEI researchers, economic potential)	
<input type="checkbox"/> graduate student training	

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Communication Plan for PEI:

Ethics Approval:

Name of REB or Animal Care Committee: _____

Submission Date: _____

Status of Review: pending approved denied

Proposal does not require animals, humans, radiation, or biohazards _____
(signature of PI)

Funding:

Total project funds required: \$ _____

Total requested from PEI HRP: \$ _____

Matching funds requested/confirmed from CIHR/NCIC/Other _____

YEAR 1: HRP funding requested: \$ _____
 Matching funds: \$ _____
 Additional funding: \$ _____ (Source: _____)
 Total Year One: _____

YEAR 2: HRP funding requested: \$ _____
 Matching funds: \$ _____
 Additional funding: \$ _____ (Source: _____)
 Total Year Two: _____

YEAR 3: HRP funding requested: \$ _____
 Matching funds: \$ _____
 Additional funding: \$ _____ (Source: _____)
 Total Year Three: _____