\*Please the complete the following form and submit via email to BrainsCAN (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**  |
|       |

*\*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**