\*Please the complete the following form and submit via email to BrainsCAN ([brainscan@uwo.ca](mailto: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** |  | | |

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| **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.) | |

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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 |
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|  |  | $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**