

CFMS Student Initiative Grants Program

Supporting Medical Student Initiatives



Student Initiative Grants Program Funding Application

DUE DATE: Monday, 6 February 2023, 11:59 PM (PST)

To submit a completed application, or if there are questions or concerns, please email the Student Initiative Grants Program coordinator at sigs@cfms.org. **Applications must be submitted as PDF.**

INITIATIVE CONTACT INFORMATION

Initiative Name: Click or tap here to enter text.

Applicant Name(s): Click or tap here to enter text.

Medical School: Click or tap here to enter text.

Primary Project Email: Click or tap here to enter text.

Alternate Email: Click or tap here to enter text.

Contact Phone #: Click or tap here to enter text.

School Address: Click or tap here to enter text.

Note: If the application is being made jointly by students from more than one medical school, please note all schools above and indicate which schools each applicant attends.

APPLICATION DECLARATION

By checking the boxes below, the above applicant(s) confirm the following:

- The information in this document is accurate to the best of their knowledge.
- All eligibility criteria and other guidelines laid out in the Student Initiative Grants Program Guidelines document have been abided by.

Applicant Name(s)

Applicant Signature(s)

Date

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INITIATIVE DETAILS

Please summarize your project, including its objective(s), the specific activities that will be undertaken, and any other information that you feel is important to include. (max. 500 words)

Click or tap here to enter text.

Please detail how the proposed initiative will enhance the experience of Canadian medical students with respect to their education, wellbeing, or otherwise. (max. 300 words)

Click or tap here to enter text.

Please detail how the proposed initiative will enhance the local and/or provincial community of the applicant(s). (max. 250 words)

Click or tap here to enter text.

Please detail how the proposed initiative will have a long-term impact and/or how the initiative will be maintained once the requested SIG funding is used up. (max. 250 words)

Click or tap here to enter text.

If you have a website or any other social media for your initiative, please include the address(es) and/or handle(s) below:

Note: The existence or lack of an electronic presence is not an evaluated factor in the adjudication process.

Click or tap here to enter text.

INITIATIVE TIMELINE

Please provide an estimated project timeline. If your initiative does not have a defined end point, please indicate this, but also signify when you expect to finish using the awarded funds.

Note: Funding provided through this program is intended to be used by June 30th of the following year (i.e. an award in the 2022-2023 cycle will lapse on June 30th, 2024). Your initiative may continue past this date, but eligible SIG expenses will only be reimbursed up to this date.

Click or tap here to enter text.

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FUNDING

Funding amount requested: [Click or tap here to enter text.](#)

Please complete the budget form below in as much detail as possible. It is requested that the full budget for the initiative be included, even if part of it will be funded by another source or if you are using donations received in kind.

A description of how to fill out the form is as follows:

- Within “Item”, specify what you will be paying for.
- Within “Description”, include information such as (but not limited to) what the item is required for, what the price per unit is (if purchasing multiple of the same item), et cetera.
- Within “Cost”, include the overall price of the item (for multiples of the same item, specify cost per unit under “Description”).
- Within “Other Resources”, include any other source (sponsorship, other funding programs, donations, fundraising, et cetera) that you have for that particular item, and the amount that they are covering. If you have a set amount of money from another source but it is not allocated to cover a particular line item, you may either assign it as desired, or include a separate line for that funding.
- Within “Remaining Expense”, specify the amount that you are requesting for that line item from the Student Initiative Grants funding. This would be the cost, less any other resources that you have.
- Within “Timeline,” specify the anticipated timeline of the required distribution of funds. This would be the month and year that you anticipate this cost. If there is no cost to the CFMS (i.e. you will not require reimbursement for the Item), please write “n/a”.
 - Please ensure that your anticipated distribution of funds accurately reflects the needs of your initiative. Any costs anticipated to be incurred after June 30, 2024 should not be included in the budget form.

The more detail and specifics that you can provide when completing your budget, the better. If you are paying for an item of significant cost, it is appreciated if you can provide the amount of the actual estimate that you received.

There are two categories of funding available. Tier 1 SIG funding is available for medium to large-scale initiatives and Tier 2 SIG funding is available for small- to medium-scale initiatives. The maximum amount of funding that may be requested via a CFMS SIG is \$3,000.00 for Tier 1 and \$1,500.00 for Tier 2. For more information, please refer to the *Student Initiative Grants Program Guidelines* or email sigs@cfms.org.

Note: When completing the budget form, please remove the examples.

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Student Initiative Grants Program Funding Application: Budget

<u>Item</u>	<u>Description</u>	<u>Cost</u>	<u>Timeline</u>	<u>Other Resources</u>	<u>Remaining Expense</u>
<i>Example: Website hosting fee.</i>	<i>Annual fee for hosting initiative website (\$30/annually x 2 years).</i>	<i>\$60.00</i>	<i>April 2023, April 2024</i>	<i>None.</i>	<i>\$60.00</i>
<i>Example: Meals for seminar participants.</i>	<i>Sandwiches for all seminar attendees (\$5/each x 30 participants).</i>	<i>\$150.00</i>	<i>August 2023</i>	<i>\$100.00 (from medical students' association event funding)</i>	<i>\$50.00</i>
<i>Example: Meal for seminar participants.</i>	<i>Pop for all seminar attendees (\$0.00 x 30 participants).</i>	<i>\$0.00</i>	<i>n/a</i>	<i>In kind donation from campus Students' Union.</i>	<i>\$0.00</i>
<i>Example: Faculty of Medicine event grant.</i>	<i>Funding received from the Faculty of Medicine for this initiative.</i>	<i>\$0.00</i>	<i>n/a</i>	<i>\$300.00</i>	<i>-\$300.00</i>
		TOTAL COSTS: \$ Click or tap here to enter text.			TOTAL REMAINING EXPENSE: \$ Click or tap here to enter text.

Note: Please add more lines if necessary.

TOTAL AMOUNT OF FUNDING REQUESTED: \$ Click or tap here to enter text.

Note 1 : This should be equal to or less than the Total Costs - Other Resources = Total Remaining Expense.

Note 2: **There are two categories of funding available.** Tier 1 SIG funding is available for medium to large-scale initiatives and Tier 2 SIG funding is available for small- to medium-scale initiatives. **If you apply up to \$1,500, you'll be considered as Tier 2. If you apply up to \$3,000, you'll be considered as Tier 1.** For more information, please refer to the Student Initiative Grants Program Guidelines or email sigs@cfms.org.