Fondation
du Centre universitaire
de santé McGill

McGill University
Health Centre
Foundation

1. Contact information for the project leader or NPI.

2. Your current title

3. Your institution, division, and site (include all that apply)

4. Please provide the name of your project

5. Please provide the name of the person who approved your project

6. Please provide the name of your MUHC Foundation staff contact

7. Has a funding request been submitted to the MUHC Foundation's Grants Committee for this project in the past?

8. Were you requested to resubmit your project at a later date?

9. Please provide applicant contact info if different than project leader

10. Please select the category that best matches your project

11. Please provide a brief summary of your project

12. How will this project impact health care and ultimately change lives?

13. If the MUHC Foundation provides you with funding, do you anticipate that you will need further funding at a later time?

14. How do you plan to obtain this additional funding?

15. Has this project been submitted to any other foundations or agencies?

16. Please provide the amount you are applying for ($)

17. Include a basic summary of your budget below (i.e., costs for personnel, equipment, consumables, etc.)

18. At which Grants Committee meeting would you like your application to be considered?

19. Please submit any attachments you wish to include for consideration.