



## **Institute Community Support Program – CIHR-INMHA Brain Bee Application Form**

### **Instruction to help you fill out this form**

1. Review CIHR funding programs to ensure that your request for funding cannot be funded by an existing CIHR funding program. If you require help to determine this information please contact the specific contact person from the Institute which you are seeking support.
2. Obtain a CIHR Personal Identification Number (PIN) if you do not already have one by going to the following web address and following the instructions:  
<http://www.cihr-irsc.gc.ca/e/38201.html>
3. Fill out the following application form and save it.
4. Send an electronic copy of this application form to the same Institute(s) you are applying to for funding.



## Institute Community Support Program – Application Form

### 1. Applicant Information

a) CIHR PIN

b) Name of Applicant

c) Affiliation

d) Institution paid

e) Address

f) Telephone Number

g) Email

### 2. Request for Funding Information

a) Project Title

b) Are you applying as an

☐

Individual, or as an

☐

Organization

c) If you are requesting funds from CIHR Institutes please indicate them.

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Institute of Indigenous Peoples' Health

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Institute of Aging

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Institute of Cancer Research

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Institute of Circulatory and Respiratory Health

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Institute of Gender and Health

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Institute of Genetics

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Institute of Health Services and Policy Research

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Institute of Human Development, Child and Youth Health

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Institute of Infection and Immunity

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Institute of Musculoskeletal Health and Arthritis

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Institute of Neurosciences, Mental Health and Addiction

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Institute of Nutrition, Metabolism and Diabetes

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Institute of Population and Public Health



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**d) Total amount requested**

\$

**e) Start date of funding request: month/day/year**

**f) Duration of funding request (in months):**

**g) Please submit a budget that includes names of all funding sources, amounts and timelines requested for this activity.**

**h) Provide a justification for the amount and duration of the funding request.**

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**3. Activity Description**

**a) Provide a description of the activity for which support is being requested.**

**b) How will this funding support enable a high-quality, professional National Brain Bee?**



- c) How will this funding be used to leverage other resources to successfully deliver the Brain Bee competition?**

- d) Describe how this program will equitably support local Brain Bee competitions and increase diversity of representation in Brain Bees from regions across Canada.**

- e) Provide information on the anticipated size of the target audience.**

- f) Describe the need for this activity, including a statement on the potential impact of this award.**



## 4. Signatures

### Consent to Disclosure of Personal Information

I understand that maintaining public trust in the integrity of researchers is fundamental to building a knowledge-based society. By submitting this application or by accepting funding from CIHR, NSERC and/or SSHRC, I affirm that I have read and I agree to respect all the policies of these Agencies that are relevant to my research, including the *Tri-Council Policy Statement: Integrity in Research and Scholarship*. In cases of a serious breach of Agency policy, the Agency may publicly disclose my name, the nature of the breach, the institution where I was employed at the time of the breach and the institution where I am currently employed. I accept this as a condition of applying for or receiving Agency funding and I consent to such disclosure.

#### **Name of Applicant**

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#### **Signature of Applicant**

#### **Date**

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