Student Initiative Grant Funding Application

DUE DATE: Sunday, 26 January 2025, 11:59 PM (PST)
Make sure to read the SIG Program Guide before filling out this form. It can be downloaded from our website (link top of this form).

If there are questions or concerns, please email the Student Initiative Grants Program Coordinator at sigs@cfms.org.

* Indicates required question

1. Email *

_____

INITIATIVE CONTACT INFORMATION

2. Initiative Name: *

_____

3. Applicant Name(s): *
   Needs to be at least 1 CFMS Member

_____
_____
_____
_____
_____

4. Medical School(s): *

   Check all that apply.

   ☐ University of British Columbia
   ☐ University of Alberta
   ☐ University of Calgary
   ☐ University of Saskatchewan
   ☐ University Of Manitoba
   ☐ NOSM University
   ☐ Western University
   ☐ McMaster University
   ☐ University of Toronto
   ☐ Queen's University
   ☐ University of Ottawa
   ☐ McGill University
   ☐ Dalhousie University
   ☐ Memorial University
   ☐ Centre de formation médicale du Nouveau-Brunswick (Sherbrooke-Moncton)
   ☐ Other: _____

5. Primary Project Email: *

_____

6. Alternate Email: *

_____

APPLICATION DECLARATION

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

   Check all that apply.

   ☐ 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.

8. Applicant Name(s): *

_____

9. Applicant Signature(s): *
   - Without signature(s) the application is unvalid
   - Typed text isn't considered a signature

   Files submitted:

10. Date: *

_____
   Example: January 7, 2019

INITIATIVE DETAILS

11. **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)** *

_____
_____
_____

12. **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)** *

_____
_____
_____
_____

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

_____
_____
_____
_____

14. **Please detail how you will ensure that the proposed initiative will be accessible and safe to all members of the community, especially for traditionally equity-deserving groups. (max. 250 words)** *

_____
_____
_____
_____

15. **Please detail how the initiative will be maintained once the requested SIG funding is used up. (max. 250 words)** *

_____
_____
_____
_____
_____

16. **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.

_____
_____
_____
_____
_____

INITIATIVE TIMELINE

17. **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 2024-2025 cycle will lapse on June 30th, 2026). Your initiative may continue past this date, but eligible SIG expenses will only be reimbursed up to this date.

_____
_____
_____
_____
_____

How To Fill Out The SIG Budget Example:

Student Initiative Grants Program Funding Application: Budget

Item	Description	Cost	Timeline	Other Resources	Remaining Expense
		A		**B**	**A minus B**
Example: Website hosting fee.	Annual fee for hosting initiative website ($25/annually x 2 years).	$50.00	April 2023, April 2024	None.	$50.00
Example: Meals for seminar participants.	Meal Gift Cards for all seminar attendees ($15/each x 30 participants).	$450.00	August 2023	$100.00 (from medical students' association event funding)	$350.00
Example: Meal for seminar participants.	Pop for all seminar attendees ($0.00 x 30 participants).	$0.00	n/a	In kind donation from campus Students' Union.	$0.00
Example: Faculty of Medicine event grant.	Funding received from the Faculty of Medicine for this initiative.	$0.00	n/a	$300.00	-$300.00
		TOTAL COSTS: $ 500		**=>** This is the $ you request funding for	**TOTAL REMAINING EXPENSE:** $100

18. **Upload your SIG Program Funding Application Budget** *

    After reading the instructions above, fill out the Budget Template which can be downloaded from our website (https://www.cfms.org/what-we-do/finances/student-initiative-grants). When the budget form is completely ready, please upload the PDF here. It can only be uploaded once! If needed email your updated form to sigs@cfms.org. Do NOT fill out a second application.

    Files submitted:

FUNDING

Please complete the budget form (download from CFMS SIG webpage) 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, 2026 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.

19. **TOTAL AMOUNT OF FUNDING REQUESTED:** *

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

    *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.*

    Your answer below should be an amount, not the Tier#.

_____