**Cancer Care Quality & Innovation Program**

**Research Fund – Application Form**

**2021 Edition (RF-2021)**

Research proposals must reflect a collaborative effort from at least two RCN partner institutions.
Please complete one Application Form per collaborating applicant and include with application submission (one PDF file).

1. **Research Proposal**

**Title of Project** *(maximum 25 words)*:

**Requested Grant Funds** *(up to $100,000 CAD)*: $

1. **Applicant Information**

**RCN Partner Institution** *(McGill-affiliation):*

**Applicant Type** *(Principal Investigator, Co-Applicant, External Collaborator)*:

**Applicant Name** *(Last, First)*:

**Preferred Salutation** *(Dr, Professor, Mr, Ms)*:

**Title:**

**Service/Unit/Division/Department:**

**Telephone:**

**Email:**

1. **Declaration and Confirmation**

I hereby confirm that I have read and agree to comply with the Rossy Cancer Network (RCN) Research Fund Reference Document, in particular the Terms and Conditions.

Agreed to and accepted on behalf of the APPLICANT:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**To be completed by the Applicant’s Chief of Service/Unit/Division/Department**

I have reviewed the research proposal, and I support this application and acknowledge that the project fits with the growth plan, capacity and feasibility of the Service/Unit/Division/Department.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**RCN Partner Institution** *(McGill-affiliation):*

**Name:** *(Last, First)*:

**Preferred Salutation** *(Dr, Professor, Mr, Ms)*:

**Title**:

**Service/Unit/Division/Department**:

**Telephone**:

**Email**: