**Cancer Care Quality & Innovation Program**

**Research Fund – Application Form**

**2020 Edition (RF-2020)**

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: |  |
| Applicant Name: *(Last, First)* |  |
| Preferred Salutation:  |  |
| 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:  |  |
| Title: |  |
| Service/Unit/Division/Department: |  |
| Telephone: |  |
| Email: |  |