

Department of Family Medicine Research Fund Application Cover Sheet

Title of Project:

Principal Investigator Name:	
Email:	
PI Title:	
Primary academic affiliation (list one only):	
Physician group membership (select one):	<input type="checkbox"/> I am a physician member of Family Medicine Associates <input type="checkbox"/> I am a community physician or faculty researcher <input type="checkbox"/> I am a graduate student of Family Medicine ↳DFM Supervisor Name
Research focus (select one):	<input type="checkbox"/> Primary care research <input type="checkbox"/> Medical education research <input type="checkbox"/> Palliative care <input type="checkbox"/> Knowledge translation
LOI submission for New Investigator mentored process	<input type="checkbox"/> LOI, if applicable
Are you a new investigator? (i.e. held a research appointment for a period of 0 to 5 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received DFM Pilot funding in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature:	
Date:	

Co-investigators:

Note: Along with your application package, please attach email confirmation from each co-investigator that they agree to be listed on the application.

Co-investigator # 1	Name:
	Email:
	Title:
	Academic Affiliation:
Co-investigator #2	Name:
	Email:
	Title:
	Academic Affiliation:
Co-investigator #3	Name:
	Email:
	Title:
	Academic Affiliation:
Co-investigator #4	Name:
	Email:
	Title:
	Academic Affiliation:
Co-investigator #5	Name:
	Email:
	Title:
	Academic Affiliation:
Co-investigator #6	Name:
	Email:
	Title:
	Academic Affiliation:
Co-investigator #7	Name:
	Email:
	Title:
	Academic Affiliation:
Co-investigator #8	Name:
	Email:
	Title:
	Academic Affiliation: