**Centre for Studies in Family Medicine\_Research Committee**

**Form 2: RESIDENT FUNDING REQUEST\_QUALITY IMPROVEMENT PROJECT**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | PGY: | | Site (eg. BFMC): |
| Applicant Name: | | Email: | |
| Project Title: | | | |

**REQUESTS FOR FUNDING:** The Department of Family Medicine has funding available from the Research Trust Fund for its faculty, residents and graduate students although it is expected that other sources for funding will be sought prior to applying to the Research Trust Fund.

Quality Improvement (QI) Project:

Attach copy of Resident Project – Quality Improvement Form from Family Medicine (proposal section must be complete along with plans for funding related PDSAs.)

Project Duration:

Estimated start date of project: (mm/yyyy)

Estimated completion date: (mm/yyyy)

Total Funding Requested: $ (maximum funding allowed for residents $1,000)

Budget Justification: (attach maximum one page)

Include a detailed listed of projected expenses for the requested funding amount. Specify items and related amounts. e.g. photocopying, supplies, postage.

Upon notification of approval, submit all ORIGINAL RECEIPTS to: Ms. Jody Moon, Department of Family Medicine for reimbursement.

|  |  |
| --- | --- |
| Print Full Name of Applicant: | Print Full Name of Supervisor: |
| Applicant Signature: | Supervisor Signature: |

Signed Signature page must be included with application

Application Instructions: (email, mail or fax this form to)

Maureen Kennedy

Centre for Studies in Family Medicine, Western University

WCPHFM, Second floor, Office 2138

1465 Richmond St., London, ON N6G 2M1

[maureen.kennedy@schulich.uwo.ca](mailto:maureen.kennedy@schulich.uwo.ca). p. 519.661.2111 x 22059 f. 519.858.5029.