CFMS Student Initiative Grants Program

Supporting Medical Student Initiatives

Student Initiative Grants Program Funding Application

DUE DATE: Sunday, 26 January 2025, 11:59 PM (PST)

Please download and rename this document. When finished filling it out, save as PDF and upload it to your SIG application form. This form can only be uploaded once! If needed you can email a changed budget form to the SIG Program Coordinator.
If there are questions or concerns, please email the SIG Program Coordinator at sigs@cfms.org.

FUNDING

Funding amount requested: $_____.__

Please complete the budget form below 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, 2025 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.

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For more information, please refer to the *Student Initiative Grants Program Guidelines* or email sigs@cfms.org.

Note: When completing the budget form, please remove the examples after reading them.

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 ($30/annually x 2 years).*	*$60.00*	*April 2023, April 2024*	*None.*	*$60.00*
Example: *Meals for seminar participants.*	*Sandwiches for all seminar attendees ($5/each x 30 participants).*	*$150.00*	*August 2023*	*$100.00 (from medical students' association event funding)*	*$50.00*
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: $			**TOTAL REMAINING EXPENSE: $**

Note: Please add more lines if necessary. (MS WORD: hover cursor in front of a line -should show as a white arrow- and click with right mouse button, choose "insert", choose, "insert rows above" or "insert rows below".)

TOTAL AMOUNT OF FUNDING REQUESTED: $ ___.__
Note: This should be equal to or less than the Total Costs - Other Resources = Total Remaining Expense.