

## Application Cover

# Development and Enhancement of Localized Networks to Optimize the Delivery of Spinal Cord Injury Care in Canada

<b>Project Title</b>			
<b>Principal Applicant's/Co-Principal Applicant's Information</b>			
Name:			Position/Title:
Email:			Telephone:
Professional Designation:			Organization:
<b>Co-Principal Applicant's Information (if applicable)</b>			
Name:			Position/Title:
Email:			Telephone:
Professional Designation:			Organization:
<b>Co-Applicant's Information</b>			
Name:			Position/Title:
Email:			Telephone:
Professional Designation:			Organization:
<b>Host Organization's Information</b>			
<p>The Rick Hansen Institute requires that a host organization be selected to administer the grant funding. This organization must be sufficiently connected to the project to enable administration and reporting of the funding and accountability for the project's completion. Further, this organization must be a "Qualified Donee" as defined by the Canadian Income Tax Act 149.1(1).</p>			
Organization Name:			
CRA Charitable Number:			
Contact Name:			Position:
Mailing Address:			
Email:			Telephone:
Signature of Principal Applicant/Co-Principal Applicant:			Date:
Signature of Co-Principal Applicant:			Date: