**Application Cover**

Canadian Spinal Cord Stimulation Team Planning Grant

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| **Initiative Title** |  | | |
| **Nominated Principal Applicant’s Information** | | | |
| Name: | | Position: | |
| Prefix: | | Affiliation: | |
| Email: | | Telephone: | |
| **Co-Principal Applicant’s Information (if applicable)** | | | |
| Name: | | Position: | |
| Prefix: | | Affiliation: | |
| Email: | | Telephone: | |
| **Co-Applicant’s Information (if applicable)** | | | |
| Name: | | Position: | |
| Prefix: | | Affiliation: | |
| Email: | |
| **Co-Applicant’s Information (if applicable)** | | | |
| Name: | | Position: | |
| Prefix: | | Affiliation: | |
| Email: | |
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| Email: | |
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| Prefix: | | Affiliation: | |
| Email: | |
| **Co-Applicant’s Information (if applicable)** | | | |
| Name: | | Position: | |
| Prefix: | | Affiliation: | |
| Email: | |
| **Host Institution’s Information** | | | |
| The Praxis Spinal Cord Institute requires that a host institution be selected to administer the grant funding. This institution must be sufficiently connected to the initiative to enable administration and reporting of the funding and accountability for the initiative’s completion. Further, this institution must be a “Qualified Donee” as defined by the Canadian Income Tax Act 149.1(1). | | | |
| Legal Name of Institution: | | | |
| CRA Charitable Number: | | | |
| Contact Name: | | Position: | |
| Mailing Address: | | | |
| Email: | | Telephone: | |
| **Electronic Signature** | | | |
| Signature of Nominated Principal Applicant: | | | Date: |

Please submit your completed and signed Application Cover along with your proposal and attachments as a single and indexed package to [funding@praxisinstitute.org](mailto:funding@praxisinstitute.org) before the deadline.

Please note that consent must be provided as a condition of funding that the Principal Applicant to allow Praxis to publicly disclose information about the award including the title, term, award amount, and the lay summary of the initiative.