

SMALL GRANTS FOR LOCAL AND REGIONAL INITIATIVES IN PAIN EDUCATION AND ORGANIZATIONAL DEVELOPMENT

AVAILABLE TO CANADIAN PAIN COALITION MEMBERS ONLY

Applications will be received throughout the year, however a maximum of \$500.00 every quarter, to a total of \$2,000 per year. You will be advised at the time of your application if you are eligible for that quarter.

One grant per person or organization within twelve months.

The Canadian Pain Coalition offers small grants in support of projects designed to improve pain management or to promote education about persistent pain for the community or for research.

Examples of such projects include:

- One-time grant for seed money to establish an interdisciplinary pain interest group, paying for communication (printing, postage, fax) and other direct startup costs.
- Forgivable loan in support of an educational conference or seminar, money to be repaid to the CPC if the conference/event makes a profit.
- Grant to support cooperative activities (e.g., printing and distribution of information) by groups (formal or informal) of people who have pain.

The maximum amount for such grants is \$500.00

To request a small grant, send an electronic copy of the Application Form (word file) to the Office Manager of the Canadian Pain Coalition.

APPLICATION FOR SEED MONEY IN SUPPORT OF LOCAL AND REGIONAL INITIATIVES

1. Title of project.
2. Name of organization or department or group sponsoring the request.
3. Contact name, address, phone and fax numbers, e-mail address.
4. Goals of the proposed project, including the intended benefits and identifying the persons or groups who will benefit.
5. Summary of the intended activities.
6. Evaluation criteria by which the applicant will measure the extent to which the goals have been achieved. Within 60 days of completion of the project, successful applicants should send a two page report to the CPC OFFICE with details about the project and results of the evaluation. Information from this report may go in an upcoming newsletter or on our website.
7. Proposed budget, detailing costs to a maximum of \$500.00.
8. Indicate to whom the Canadian Pain Coalition's cheque should be made out if the grant is approved, and the address to which the cheque should be mailed.
9. Include the following paragraph: "I certify that this project will acknowledge the financial support of the Canadian Pain Coalition without representing the project as an official activity of the Canadian Pain Coalition." If research is involved, please let us know, and we will send you the ethical guidelines which need to be followed.
10. Include a brief history on your organization – 50 words or less.
11. Signature(s) of the applicant(s). (Via email is acceptable)
12. Report all funding by pharmaceutical companies or industry including WSIB.
13. Date. Applications will be received at any time and will normally be considered by the President and members of the Executive within 6 weeks. The decision communicated to the applicant will be final. Budgetary limitations will restrict the number of grants approved in any one year, and is limited to one grant per person or organization within twelve months.

APPLICATION FOR CANADIAN PAIN COALITION SMALL GRANT PROGRAM 2009
\$500.00 Maximum –AVAILABLE TO CANADIAN PAIN COALITION MEMBERS ONLY

NAME OF ORGANIZATION, DEPARTMENT OR GROUP SPONSORING THE REQUEST	
CONTACT NAME, ADDRESS, PHONE AND EMAIL	
I (WE) ARE A CURRENT MEMBER OF CPC	
TITLE OF THE PROJECT	
GOALS OF THE PROPOSED PROJECT, INCLUDING THE INTENDED BENEFITS AND IDENTIFYING THE PERSONS OR GROUPS WHO WILL BENEFIT	
SUMMARY OF THE INTENDED ACTIVITIES	
EVALUATION CRITERIA BY WHICH THE APPLICANT WILL MEASURE THE EXTENT TO WHICH THE GOALS HAVE BEEN ACHIEVED	
PROPOSED BUDGET, DETAILING COSTS TO A MAXIMUM OF \$500.00	
INDICATE TO WHOM THE CHEQUE SHOULD BE MADE PAYABLE TO IF THE GRANT IS APPROVED AND PROVIDE A MAILING ADDRESS	
INCLUDE THE FOLLOWING PARAGRAPH	"I certify that this project will acknowledge the financial support of the Canadian Pain Coalition without representing the project as an official activity of the Canadian Pain Coalition."
INCLUDE A BRIEF HISTORY OF YOUR ORGANIZATION – 50 WORDS OR LESS	
REPORT ALL FUNDING BY PHARMACEUTICAL COMPANIES OR INDUSTRY INCLUDING WSIB	
SIGNATURE OF APPLICANT (Email is acceptable)	
DATE	