



## APPLICATION

### PROJECT TITLE:

### APPLICANT INFORMATION:

Applicant Name:

E-mail:

Organization Name:

Address:

City:

State/Province:

Postal Code

Position/Title:

Telephone:

**Signature of Applicant:**

Applicant Name:

E-mail:

Organization Name:

Address:

City:

State/Province::

Postal Code

Position/Title:

Telephone:

**Signature of Co-Applicant:**

**Total Amount Requested: \$**

### PROJECT INFORMATION

Provide a specific justification why support is being requested from this funding source. If funding is being sought for this project from other sources, it must be disclosed here.

### BRIEF DESCRIPTION OF THE PROJECT

**Describe the project in 300 words or less** and in language suitable for communication with the general public. **If funding is awarded, this description may be used in reports, newsletters, or media releases.** A brief statement of the expected benefits should be included.

## INNOVATION PROPOSAL

Describe the innovation in detail and in terms capable of being understood by an investor or business person. Detailed technical terms and jargon should be avoided.

**(Maximum length: 3 pages. Applications exceeding the maximum length may not be reviewed.)**

**For easier review of your proposal for content, please use the itemized list below as sub-headings in your proposal:**

- a) Description of the Problem/Issue:
- b) Description of the Potential Solution/Opportunity:
- c) Market Potential:
- d) Commercialization Potential:
- e) Procedures or project design, including methods, analyses, level of innovation;
- f) Intellectual Property Status;
- g) Investment Requirements:
- h) Matching Fund Amounts/Leverage and Sources:
- i) Project Structure: - Co-Investors, Legal Structure
- j) Projected Timetable
- k) Milestones:
- l) **Projected Outcomes (each item must be completed):**
  - a. **Employment,**
  - b. **Partnerships,**
  - c. **Revenue,**
  - d. **Societal Benefits**

## PROJECT BUDGET

**An adequate Project Budget justification is required** – (e.g. the sources and uses of the total investment). To avoid arbitrary decisions on the appropriate level of funding, detailed explanations of costs must be provided. All matching sources of funds must be in place and verified prior to the release of any funds.

## SUBMISSION INSTRUCTIONS

**Submit your completed application with all required signature approvals in PDF format to [Nicole.Farrell@schulich.uwo.ca](mailto:Nicole.Farrell@schulich.uwo.ca). All submissions will receive a confirmation of its receipt.** All other supporting documents (e.g. business plan, partnership agreements) can either be copied into the last page of your application or emailed as separate attachments. Please note that hard copy submissions are not required, but will also be accepted

## ADDITIONAL REQUIREMENTS

Prospective applicants will be asked to meet with the LMICN Operating Team to review the application and amend as needed for submission to the MEDCIC Board. In addition, prospective applicants may be invited to make a brief 10-minute presentation of their Project to the Board to better acquaint members with the proposed Project and answer any questions that Board members might have prior to receiving a decision. Board members may choose to approve, decline, amend, or defer a funding decision subject to further information. Board members also reserve the right to request the application of suitable repayment terms to any disbursements as a condition of approval.