

FOR OFFICE USE ONLY:

Date Received \_\_\_\_\_

Research \_\_\_\_\_ Education \_\_\_\_\_ Facilities \_\_\_\_\_

Faculty/Staff Development \_\_\_\_\_ Other \_\_\_\_\_

**SCHOOL OF MEDICAL REHABILITATION  
THE UNIVERSITY OF MANITOBA**

*PROPOSAL*

*TO THE ADVISORY COMMITTEE*

*FOR THE SCHOOL OF MEDICAL REHABILITATION ENDOWMENT FUND*

The goal of the School of Medical Rehabilitation Endowment Fund is to promote excellence in the School through support for a wide variety of innovative projects and programs consistent with the academic goals of the School, including but not limited to: teaching, research, staff development, library acquisitions and classroom or laboratory equipment.

Please complete the sections below and return the **original plus nineteen (19) copies** of this page and your project proposal on or before **February 6, 2012** to:

**J. Swinamer, Chair**

SMR Endowment Fund Advisory Committee

Room R106-771 McDermot Avenue

Winnipeg, MB R3E 0T6

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**1. Name(s) and Signature(s) of Proposer(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Please indicate your affiliation with the School of Medical Rehabilitation:**

Faculty Member \_\_\_\_\_ Student \_\_\_\_\_ Support Staff \_\_\_\_\_ Alumnus \_\_\_\_\_

Other \_\_\_\_\_ (Please specify)

**3. Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Telephone Number:** \_\_\_\_\_

**5. Title of Project:** \_\_\_\_\_

**6. Amount Requested:** \_\_\_\_\_

7. **Is other funding available?** Yes \_\_\_\_\_ No \_\_\_\_\_

8. **Category of Project\*:** (please select one category)

Research \_\_\_\_\_ Education \_\_\_\_\_ Faculty and Staff Development \_\_\_\_\_

Enhancement of Facilities \_\_\_\_\_

9. **Description of Project:**

Please attach a description of your project proposal using the headings listed below. Failure to address all of these headings could jeopardize your application.

**The original plus nineteen (19) copies must be submitted and the length of the proposal should be limited to five double-spaced pages, TYPED OR WORD PROCESSED in 12-point font.**

- a) Objectives
- b) Significance of the Project and Benefit to the School of Medical Rehabilitation.
- c) Please note the Endowment Fund will support Student Rates as follows:  
 $\$12.18/\text{hr} + 6\% \text{ vacation } (0.7308) = \$12.91/\text{hr}$
- d) Plans and Methods by which the Project will be Carried Out. Please indicate, if applicable, approvals for Ethics and Access which have been applied for and/or approved.
- e) Detailed Budget for Project (If applicable, include funds from all sources applied for or received. Indicated if other departments are willing to partner in purchases. Specify amount requested from the endowment fund. Requests for partial funding will be considered but will be allocated contingent upon receiving funds from other sources).
- f) Proposed Schedule for Project
- g) Method for Evaluating Outcome of Project

10. **Accountability:**

A final report **must** be submitted to the Committee for all funded projects; attached to the report should be an itemized account of the disbursement of the funds. The deadline for submission of the final report will be May 31 of the year after the project was funded (e.g., a project funded in March, 2011 will require a final report by May 31, 2012).

**\*Examples:**

Research – e.g. support for pilot project, software, salary for assistant

Education – e.g. classroom equipment, laboratory equipment, library acquisitions, teaching methods

SMR Faculty and Staff Development – e.g. job-related continuing education for SMR

Enhancement of Facilities – e.g. Open House posters, information brochures