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Application Form for the CMS 2000 Endowment Grants Competition

Deadline October 31

Title of Proposal

Contact information

The one person and place to communicate with the applicant(s).

Name

E-mail

Telephone

Fax

Institution or department to administer grant funds

Name

Address

Contact

E-mail

Telephone

Fax

Summary

Less than 100 words

Total amount requested in this competition \$

Applicants

Put any specific information on the relevant experience or expertise of an applicant in "Other".

Name(s)

E-mail

Position

Employer

Address

CMS

Member #

Current
grants

What you propose to do

at most 40 lines

Budget

Use Tab key to navigate

Description

Revenue

CMS Endowment Grant requested

Total Revenue: \$

Expenses

Total Expenses \$

Other *Funding, partners, revenue potential, information on applicants such as publications or awards, at most 20 lines.*

Project start date

Finish date

When project is finished what measurements will you use to judge the quality of the outcome?