

Successfully retrieved draft BNE6226



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?