

**Diabetes Care Program of Nova Scotia  
Diabetes Centre Grants (2015/16)**

**Application**

Please refer to the Diabetes Centre Grants Description and Priority Areas before completing this form. Including this page, the completed application should be **no more than 3 pages**. Completed applications must be received by **February 12, 2016**.

Date of Submission		
Name of Host Organization		
Project Contact Name(s) and Title(s)—indicate primary contact with an *		
Mailing address for project correspondence		
Telephone:	Fax:	E-mail address:
Cheque to be issued to (2 cheques will be issued—one at the start and the second at completion of the project):		
Project Title		
Amount Requested (provide budget details on page 3)		
Duration of Project (months)		
Projected Completion Date		
Are funds being received or applied for from other sources for this project? If yes, please identify the funder(s) and amount(s).		

---

Project Description (include purpose and measurable objectives)

Fit with DCPNS Priority area (s)

Action/time Line for Development and Implementation. Project should be completed within 9 months.

---

Evaluation Plan (simple and measurable)

Dissemination Strategy (**Your final report should also be accompanied by a one-page summary for the DCPNS newsletter**)

Budget (not to include office supplies/equipment)

- Include cover letter and letter(s) of support from the Zone Director and DC Manager.
- Ensure all sections of the application are complete before forwarding to the DCPNS.