

**Medical Humanities Education Matching Funding Grants**

**Grant Application**

**Application Deadlines:**

* End of March
* Mid-October

**Funding**

* Funding will be provided for a one-year period and awarded semi-annually in May and November.
* Successful applicants will be provided funding a maximum of up to $5,000 per project from the PGME office. **Applications must include a letter of support from the co-funder (e.g. Departmental Chair, Hospital Chief)**
* All successful grant recipients are required to submit a final report evaluating the project and identifying how objectives were met and their impact.

**Ethics**

* If your proposed project is selected for funding, ethics approval (if applicable) must be secured prior to funding being released.

**SUBMISSIONS via email**

* Arlene McKinley, 416.946.5471 or [arlene.mckinley@utoronto.ca](mailto:arlene.mckinley@utoronto.ca)

**APPLICATION TEMPLATE TO INCLUDE:**

***Cover Letter of support from co-funder***

1. **Name of Project Lead:**
2. **Program/Division within Postgrad MD of Project Lead:**
3. **Primary Contact Information:**
4. **Co-Applicant Name(s) and Program Affiliation(s) (if applicable):**
5. **Collaboration Information:**

Name(s) & Affiliations

1. **Project Title:**
2. **Project Summary/Abstract:** (250 word limit)

Include:

* What challenges/problems does the project aim to address?
* How does the proposed project address specific residency priorities and CanMEDS roles and/or competencies?
* How do the goals of this project demonstrate an application of medical humanities?

1. **Project Background:** (250 word limit)

Include:

* What, if known, scholarship exists on the proposed project and/or methodology?

1. **Medical Humanities Expertise:** (250 word limit)

Include:

* What is the background and expertise of the facilitator(s) responsible for facilitating the project?

1. **Methodology & Evaluation:** (250 word limit)

Include:

* Describe the project implementation including activities and timelines.
* Describe the methodology that will be used to evaluate the success and impact of the proposed project.

1. **Project Start Date** (Approximate if Firm Date is Unknown):

**Project End Date** (Approximate if Firm Date is Unknown):

1. **Anticipated Results and CANMEDS Roles/Competencies:** (250 word limit)

Include:

* What will participants take away from engaging with the project?
* What CanMEDS roles and/or competencies will be addressed through this project?

1. **Knowledge Transfer (If Applicable):** (250 word limit)

Include:

* How will the results of this project be disseminated?

1. **Requested Amount:**

* Up to $5,000

1. **Project Budget with Narrative Explanation:**

Include

* Details about match funding for the residency program required (e.g. letter of support regarding match funding).