**Comox Valley Dementia Care Patient-Oriented Research:**

 **Pilot Grant Application Form**

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| **LEAD APPLICANT INFORMATION** |
| Name: |
| Title/Role: | Institution/Organization: |
| Contact Phone Number: | Email Address: |

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| **ISLAND HEALTH AFFILIATION** |
| [ ]  | Island Health employee or affiliated health professional |
| [ ]  | I am not applying as an Island Health employee or affiliated health professional |

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| **TITLE OF PROJECT OR AREA OF STUDY** |
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| **RELEVANT COMOX VALLEY DEMENTIA CARE PRIORITIES (CHECK ANY THAT APPLY)** |
| [ ]  | Staying at Home Longer |
| [ ]  | Caregiver Supports and Respite |
| [ ]  | Dementia-Friendly Communities |
| [ ]  | Navigating Supports |
| [ ]  | Other |