**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 |