



LIBIN CARDIOVASCULAR INSTITUTE Request for Bridge Funding

Principal Applicant	
Funding Agency and Program of unsuccessful application	
Project Title	
Funding Request of unsuccessful application	
LCI Funding Requested	
Submission Date	
Plan for Use of Funds Provide a brief summary of how you plan to use the bridge funds.	
Resubmission Plan Outline your timeline for revision and resubmission of your application.	
Fund Summary Please list all funding currently held.	
Conflict of Interest Declaration <i>"Conflicts of Interest" occur when a Faculty Member or his/her immediate family have a significant financial or other personal consideration that may compromise or have the potential to compromise or have the appearance of compromising his or her professional judgment or integrity in clinical responsibilities, teaching, conducting or reporting research, or performing other obligations.</i>	
Please check the box that applies to your situation: <input type="checkbox"/> There is no conflict of interest to report (*No further information is required) <input type="checkbox"/> There is a conflict of interest. Please provide a description:	

Principal Applicant Signature	Printed Name	Date (MM/DD/YY)

Send completed forms to libin@ucalgary.ca.

OFFICE USE ONLY	
Date Received:	
Eligibility	<input type="checkbox"/> Unsuccessful application and associated project have not received previous agency or LCI funding <input type="checkbox"/> Agency reviews of unsuccessful application have been submitted to LCI <input type="checkbox"/> LCI Deputy Director has reviewed <input type="checkbox"/> LCI Internal Peer Review was conducted
Funding Decision:	
Comments:	