

Appendix B – Proposal Submission Form

Date xxxx, 2023

Tracy Simons, Chief Financial Officer College of Physicians & Surgeons of Alberta 2700, 10120 – 100 St NW Edmonton, AB T5J 0N3

RE: Proposal CPSA Healthier Albertan Grant

Applicant's Legal Name:	
Mailing Address:	
Contact Name:	
Telephone:	
E-mail Address:	

Primary recipient of the funds is (select one):

□ NPO

□ Non-government agency

 $\hfill\square$ Academic organization/ individual

□ Charitable organization

 \Box Community group

X Main applicant signature

Name: ______ Signature of Authorized Official: ______

Title: _____

Proof of NPO, non-government agency, charitable organiztion, or commuity group is to be attached where applicable.