**Large TLEF Proposal Form for Faculty of Medicine PreScreen**

Please complete and return this form by noon on June 30th and submit to: eade.assist@ubc.ca

*(Required by all Faculty in the Faculty of Medicine)*

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| Date of form submission:  Name and email address of primary contact: |
| Proposal Title: |
| Briefly describe the Proposal (max 200 words): |
| What is the expected outcome of the project? (max 200 words) |
| Confirm date program head consulted for approval:  Estimated start date:  Estimated end date: |
| Budget requested (list amount and sources of funding):  In kind contributions (include sources of funding): |
| What is the impact on staff, faculty and resources (human resources, faculty development, IT, Evaluation Studies Unit, equipment, facilities)? |
| Describe the consultation process that has taken place with the distributed sites if applicable. |
| Additional Comments: |