**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: |