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

Please complete and return this form by noon on Nov 3rd 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 and indicate how the project aligns with the FoM Strategic Plan (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)? Have you consulted the leads of these programs if you intend to have them contribute to your project? |
| Describe the consultation process that has taken place with the distributed sites if applicable. |
| Additional Comments: |