**Teaching and Learning Enhancement Fund (TLEF)**

**2019 Faculty of Medicine TLEF Review Advisory Council Pre-screen Form**

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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)  |
| 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 MD Undergraduate staff, faculty and resources (human resources, faculty development, IT, equipment, facilities)? |
| Describe the consultation process that has taken place with the distributed sites. |
| Additional Comments: |