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

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

|  |
| --- |
| 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: |