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

**2020 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 Faculty of Medicine’s staff, faculty and resources (human resources, faculty development, IT, equipment, facilities)? |
| Describe the consultation process that has taken place with key stakeholdes in the Faculty (including the distributed sites, if applicable). |
| Additional Comments: |