

**GENERAL REQUIREMENTS**

Date (dd/mm/yy)	
Name of AFP Governance Organization Representative	Title
Name of AFP Governance Organization	Name of Institution

**NEW PROJECTS - YEAR 8**

This section required only if new projects are being submitted for funding.

<b>Statement of Review</b>
I _____ do hereby declare I have reviewed and approved the following NEW projects for submission for 2015-16 Innovation Funding.
Yes
Date (dd/mm/yy)

<b>Hospital Indication of Support</b>
I _____ do hereby declare that _____ has reviewed and approves the following NEW projects for submission for 2015-16 Innovation Funding; and that I have obtained approval signatures which can be provided upon request. <b>(Required)</b>
Yes
I _____ do hereby declare that _____ has reviewed and approves the following NEW projects for submission for 2015-16 Innovation Funding; and that I have obtained approval signatures which can be provided upon request. <b>(Optional)</b>
Yes

**University Indication of Support**

I \_\_\_\_\_ do hereby declare I have reviewed and approve the following NEW projects for submission for 2015-16 Innovation Funding.

Yes

Do any of the NEW projects contain significant Information Technology (IT) components?

Yes      No

If YES, was the CIO or an IT representative of the institution advised?

Yes      No

Comment (optional) – maximum 1000 characters

Total NEW Project FUNDING BEING REQUESTED from IFPOC

\$

TOTAL FUNDING BEING REQUESTED for YEAR 8

Please include NEW funding amount listed above as well as second year funding for projects approved in previous year in this amount.

\$

**EXISTING PROJECTS - YEAR 2 FUNDING**

New submissions are NOT required unless there are significant changes to a project.

Date (dd/mm/yy)	Name of AFP Governance Organization Rep
Title	Name of Institution
Governance Organization is requesting Year 2 funding for _____ projects in Year 8.	
Total Year 2 Project FUNDING BEING REQUESTED from IFPOC	
\$	

**TOTAL FUNDING BEING REQUESTED for YEAR 8**

Please include NEW funding amount listed above (if applicable) as well as second year funding for projects approved in previous year in this amount.

\$

**Approval of AFP Governance Organization Chair**

I \_\_\_\_\_ do hereby declare I have reviewed and approve the following Existing 2<sup>nd</sup> year projects for ongoing for 2014-15 Innovation Funding.

Yes

**CONTINGENCY PROJECTS - YEAR 8**

We choose NOT to enter any contingency projects for Year 8

Yes      No

If you answered NO, please enter information online about each contingency project.

**REPORTING PROJECTS - 2015**

Number of Projects that have submitted final reports during 2015

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