

GENERAL INFORMATION

Date (dd/mm/yy)	
Name of AFP Governance Organization Rep	Title
Name of AFP Governance Organization	Name of Institution
Declaration of AFP Governance Organization Chair	
I _____ do hereby declare I have reviewed and approved the following policies and priorities for Innovation Fund within _____	
Yes	

POLICIES & PRIORITIES

Please indicate your institution's definition of innovation (if different from Innovation Fund definition) – maximum 1000 characters

Please indicate your institution's local health care priorities for innovation projects (if you have any regarding Innovation Fund) – maximum 1000 characters

Please outline your institution's guidelines to identify and manage conflicts of interest – maximum 1500 characters

Please indicate the involvement of your hospital and affiliated university – maximum 1500 characters

Empty text area for input.

Please describe the peer review process being used to select the proposals – maximum 3000 characters

Please describe your institution's budgetary guidelines for the use of Innovation Funds (including the policy on physician remuneration and the maximum allowable funding if applicable) – maximum 3500 characters

Please indicate the process your organization will follow to review budgets – maximum 1500 characters

Will you provide administrative support to Project Leads for these proposals?

Yes No

If YES, please describe – maximum 1000 characters