

GENERAL REQUIREMENTS

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

REQUEST FOR FUNDING - YEAR 14

This section required whether you are submitting new projects or only asking for funding for previously approved projects.

Statement of Review
I _____ do hereby declare I have reviewed and approved the following NEW projects for submission for 2021-22 Year XIV Innovation Funding. Yes
Date (dd/mm/yy)

Hospital Indication of Support
I _____ do hereby declare that _____ has reviewed and approves the following projects for submission for 2021-22 Year XIV Innovation Funding; and that I have obtained approval signatures which can be provided upon request. (Required) Yes

University Indication of Support

I _____ do hereby declare that _____
has reviewed and approves the following projects for submission for 2021-22 Year XIV Innovation Funding;
and that I have obtained approval signatures which can be provided upon request. **(Required)**
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

A2 - CONTINUED

Project Code	Year 1	Year 2	TOTAL	Number of Years Requested for Funding in Year 14 (1 or 2)	Amount Requested for Funding from Year 14 Funds	Amount of IF Remaining for Future Funding
A2 TOTAL						

				Amount Requested for Funding from Year 14 Funds	Amount of IF Remaining for Future Funding
SECTION A TOTALS (A1 + A2)					
TOTAL AMOUNT OF IF REQUESTED FROM YEAR 14 FUNDING					

B1 - CONTINGENCY PROJECTS - YEAR 14

We haven chosen to submit contingency projects for Year 14

Yes No

If you answered YES, please enter information online about each contingency project below.

YEAR 14 - NEW REQUEST - CONTINGENCY PROJECTS

Project Code	Year 1	Year 2	TOTAL
TOTAL			

B2 - REPORTING PROJECTS - 2021

Number of Projects that have submitted final reports during 2021

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