AHSC AFP Innovation Fund

FORM G1 - FUNDING REQUEST - DECLARATION
Part 1 of 2
This document MUST be accompanied by the Excel formatted G1 Supplementary.

Year 16 . 2023-24
version G1 16.0

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 16

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 NEW projects for submission for 2023-24 Year XVI Innovation Funding located in the attached G1

Supplementary. Yes

Date (dd/mm/yy)

Hospital Indication of Support

I _____ do hereby declare that _____

has reviewed and approves the projects contained in the attached G1 Supplementary for submission

for 2023-24 Year XVI Innovation Funding; and that I have obtained approval signatures which can be

provided upon request. (Required)

Yes

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University Indication of Support

I _____ do hereby declare that _____

has reviewed and approves the projects contained in the attached G1 Supplementary for submission
for 2023-24 Year XVI 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

PROJECT DETAILS
SECTION A - Year 16 FUNDING REQUEST FOR IFPOC CONSIDERATION

A1 - NEW YEAR 16 PROJECT PROPOSAL REQUEST	
A2 - YEAR 2 PROJECT FUNDING REQUEST	
TOTAL AMOUNT OF IF REQUESTED FROM YEAR 16 FUNDING (A1 + A2)	

B1 - CONTINGENCY PROJECTS – YEAR 16

We haven chosen to submit contingency projects for Year 16
Yes   No
If you answered YES, please enter information online about each contingency project below.

YEAR 16 - NEW REQUEST - CONTINGENCY PROJECTS

Project Code	Year 1	Year 2	TOTAL
TOTAL			