

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 including spaces

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

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

Please indicate the involvement of your hospital and affiliated university – maximum 1500 character including spaces

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

Please describe your institution's budgetary guidelines for the use of Innovations Funds. When reviewing your G3 guidelines, please consider increased funds. These provide you with an opportunity to review and adjust your guidelines in terms of numbers of projects funded, maximum allowable funding, per project, per year, or per project lead... if applicable. Please also indicate whether or not you permit \$IF to be used for physician renumeration. It is IFPOC's role to ensure you are adhering to YOUR guidelines. If you are uncertain about how you wish to proceed, consider that more flexibility can be achieved with a) wording that allows for one-time changes, or b) if policies are guidelines and you state that exceptions are allowed.

– maximum 3500 characters including spaces

Please indicate the process your organization will follow to review budgets

a) Prior to Submission of Interim Online Report – maximum 1500 characters including spaces

b) Prior to submission of Final Project Status and Accounting Report
– maximum 1500 characters including spaces

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

Yes No

If YES, please describe – maximum 1000 characters including spaces

If YES, will you be charging individual Project Leads an administrative fee?

Yes No

If YES, please describe in detail the fee structure and what services the administrative fees will cover. (Please note that administrative fees must be applied fairly among projects by each GO. IFPOC allows a flat fee or a percentage, per project. In any case, the amount charged may not add up to more than 5% of IF funding provided to each project across all years.) – maximum 1000 characters including spaces