

GENERAL REQUIREMENTS

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

NEW PROJECTS - YEAR 10

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

Statement of Review
<p>I _____ do hereby declare that the CAMH Medical Services Association has reviewed and approved the following projects for submission for 2017-18 Innovation Funding.</p> <p>Yes</p>
Date (dd/mm/yy)

Hospital Indication of Support
<p>I _____ do hereby declare that _____ has reviewed and approves the following NEW projects for submission for 2017-18 Innovation Funding; and that I have obtained approval signatures which can be provided upon request. (Required)</p> <p>Yes</p>

Hospital Indication of Support - If Applicable

I _____ do hereby declare that _____
has reviewed and approves the following NEW projects for submission for 2017-18 Innovation Funding;
and that I have obtained approval signatures which can be provided upon request. (Optional)
Yes

I _____ do hereby declare that _____
has reviewed and approves the following NEW projects for submission for 2017-18 Innovation Funding;
and that I have obtained approval signatures which can be provided upon request. (Optional)
Yes

I _____ do hereby declare that _____
has reviewed and approves the following NEW projects for submission for 2017-18 Innovation Funding;
and that I have obtained approval signatures which can be provided upon request. (Optional)
Yes

University Indication of Support

I _____ do hereby declare that _____
has reviewed and approves the following NEW projects for submission for 2017-18 Innovation
Funding; and that I have obtained approval signatures which can be provided upon request.
Yes

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 10

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

\$

EXISTING PROJECTS - NOW APPROVED FOR A SECOND YEAR OF FUNDING

Date (dd/mm/yy)	Name of AFP Governance Organization Rep
Title	Name of Institution
Governance Organization is requesting a second year of funding for _____ projects in Year 10.	
Total Second Year Project FUNDING BEING REQUESTED from IFPOC	
\$	

<p>TOTAL FUNDING BEING REQUESTED for YEAR 10 Please include NEW funding amount listed above (if applicable) as well as second year funding for projects approved in previous year in this amount.</p>
\$
Approval of AFP Governance Organization Chair
I _____ do hereby declare I have reviewed and approve the following Existing 2 nd year projects for ongoing for 2017-18 Innovation Funding.
Yes

CONTINGENCY PROJECTS - YEAR 10

We choose NOT to enter any contingency projects for Year 10	
Yes	No
If you answered NO, please enter information online about each contingency project.	

REPORTING PROJECTS - 2017

Number of Projects that have submitted final reports during 2017