

FORM G1 - FUNDING REQUEST - DECLARATION

Part 1 of 2

This document MUST be accompanied by the Excel formatted G1 Supplementary.

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 17

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 2024-25 Year XVII 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 2024-25 Year XVII 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 projects contained in the attached G1 Supplementary for submission
for 2024-25 Year XVII 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

Empty text area for comments.

PROJECT DETAILS

SECTION A - Year 17 FUNDING REQUEST FOR IFPOC CONSIDERATION

A1 - NEW YEAR 17 PROJECT PROPOSAL REQUEST	
A2 - YEAR 2 PROJECT FUNDING REQUEST	
TOTAL AMOUNT OF IF REQUESTED FROM YEAR 17 FUNDING (A1 + A2)	

B1 - CONTINGENCY PROJECTS - YEAR 17

We haven chosen to submit contingency projects for Year 17

Yes No

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

YEAR 17 - NEW REQUEST - CONTINGENCY PROJECTS

Project Code	Year 1	Year 2	TOTAL
TOTAL			