Instructions: Please limit your submission to under 2 pages; concise, high-level, bullet points preferred. For assistance in preparing this submission, contact: [cdmsleads@cowichandoctors.ca](mailto:cdmsleads@cowichandoctors.ca)

Criteria: Funded projects need to:

1. ‘Fit’ with CDMS strategies: physician engagement/support and collaboration with stakeholders
2. Have the potential to improve the quality of care or the workplace experience (including project feasibility and the opportunity for sustainability.
3. Have budget and measures (in reviewing the project) defined
4. Not contravene CDMS funding rules (not for clinical services, equipment, ongoing operations)
5. Have agreement to proceed from the Advisory Committee

# Project Description

|  |  |
| --- | --- |
| **Name (Applicant)**  **Email, Phone #** |  |
| **Department** |  |
| **Site(s)** |  |
| **Project Title** |  |
| **Background** |  |
| **Methods/ Description** |  |
| **Purpose (Objectives)** |  |
| **Rationale/Benefits** |  |
| **Stakeholder(s)** | *Can include project dependencies, partnerships, other departments, and other current or potential funders* |
| **Scope (include out of scope if applicable)** |  |
| **Timeframe (Duration)** | *Reviews can be planned after logical project phases (to be defined here), to assess progress and support consideration of funding for future phases* |

# Deliverables / Outcomes

|  |  |
| --- | --- |
| **Project Documentation, Deliverables, Output** |  |
| **Measures (success, quality, performance, cost)** |  |

# Resources / Budget

|  |  |  |
| --- | --- | --- |
| **Expenses** |  | **Amount** |
| **Physician meetings** |  |  |
| Sessional |  |  |
| Meals and Venue |  |  |
| Travel/Mileage |  |  |
|  |  |  |
| **Administration** |  |  |
| Rate x hours |  |  |
| Office supplies |  |  |
|  |  |  |
| **Project Management** |  |  |
| Rate x hours |  |  |
|  |  |  |
| **Evaluation** |  |  |
| Evaluation and provincial reporting |  |  |
|  |  |  |
| **Total requested** |  |  |

I give permission to circulate the proposal to:

Island Health Administration: YES/NO

Doctors of BC: YES/NO

Divisions of Family Practice: YES/NO

Please let us know if you would like your name removed prior to circulation.