FORM: FMC-111

## AFP Financial Management Committee Approval for AMOSO Opportunities Funding

This form is to be completed to ensure compliance with the following criteria:

**Project Title:** 

Criteria #7 - of the AMOSO Opportunities Fund Guidelines and Application Process: "Approval from the FMC for the Lead Project Sponsor AFP Practice Plan must occur <u>before</u> submission to the Opportunities Fund Sub-Committee"

Criteria #8 - of the AMOSO Opportunities Fund Guidelines and Application Process: "If other AFP Practice Plans share fiscal responsibility for the project, approval from the FMC for the respective AFP Practice Plans must occur <u>before</u> submission to the Opportunities Fund Sub-Committee"

AFP Physician Project Lead:	
The intent of the AFP FMC approval form is to ensure that the AFP Practice Plan FMC and appropriate leadership, support and have considered the feasibility of the project they are endorsing prior to the AMOSO Opportunities Fund Sub-Committee review process. As such, please confirm the following:	
To be Completed by the AFP FMC Chair:	
The AFP Practice Plan FMC agrees that the project content demonstrates alignment with the strategic direction of the AFP Practice Plan.	
Comments:	
The AFP Practice Plan FMC has reviewed the budget request including cost/time estimates; other sources of funding both applied for and received; and impact on current resources.	
Comments:	
The AFP FMC Committee for the AFP Practice Plan of above submission(s) for AMOSO Innovation Reporting.	has voted and approved the
AFP FMC Chair:	Date:
Signature:	
*Disease area; as fau completed FORM. FMC 444 to arreas @lbes are as a fau F40 C05 0220	

<sup>\*</sup>Please email or fax completed FORM - FMC 111 to amoso@lhsc.on.ca or fax 519-685-8336