

## AFP Practice Plan FMC and/or Department Chair Confirmation of Support for AMOSO Opportunities Funding

This form is to be completed by the FMC Chair and/or Department Chair of those AFP Practice Plans or Departments who can benefit from the project (Criteria #2) or who participate without sharing fiscal responsibility (Criteria #9)

Criteria #2 - of the AMOSO Opportunities Fund Guidelines and Application Process: *“All proposals must illustrate how the project contributes to the academic deliverables of more than one AFP Practice Plan or Schulich School of Medicine & Dentistry Department (including Basic Sciences)”*

Criteria #9 - of the AMOSO Opportunities Fund Guidelines and Application Process: *“AFP Practice Plans or Schulich School of Medicine & Dentistry departments participating in the project but not sharing in the fiscal responsibility must provide confirmation of support from either the AFP Practice Plan FMC Chair or Department Chair”*

Project Title:

AFP Physician Project Lead:

The intent of providing confirmation of support for projects submitted for Opportunities funding is to ensure that the AFP Practice Plan FMC Chair and/or the Department Chair and appropriate leadership have considered the feasibility of the project and that the project clearly outlines how it contributes to the academic deliverables of their Practice Plan or Department. As such, please confirm as applicable, one or both of the following:

To be Completed by the AFP Practice Plan FMC Chair and/or Department Chair:

Confirmation of support per Criteria #2: The AFP Practice Plan FMC Chair and/or the Department Chair have reviewed the project content and agree that the project contributes to the academic deliverables of their AFP Practice Plan and/or Department.

Comments:

Confirmation of support per Criteria #9: The AFP Practice Plan FMC Chair and/or the Department Chair agree that the project content demonstrates alignment with the strategic direction of the AFP Practice Plan and/or Department and therefore supports the Practice Plan and/or Department's participation in the project.

Comments:

The Department of \_\_\_\_\_ AFP FMC Committee Chair or Department Chair confirms support of the above submission(s) for AMOSO Opportunities Funding.

AFP FMC Chair or Dept. Chair:

Date:

Signature:

Confirmation of Support by Division Chair (Optional):