

AFP Financial Management Committee Approval for AMOSO Innovation Funding

Project Title:

AFP Physician Project Lead:

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

- Criteria #2 of the AMOSO Innovation Fund Local Guidelines and Application Process: “AFP Finance Management Committee (AFP FMC) approval letter is required”
- Criteria #6 of the AMOSO Innovation Fund Local Guidelines and Application Process: “ Approval from the Lead Project Sponsor AFP FMC must occur before submission to the Innovation Fund Sub-Committee

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 Innovation Fund Sub-Committee review process. As such, please confirm the follow:

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 and approved the budget report including cost/time estimates; other sources of funding both applied for and received; and impact on current resources.

Comments:

The funding for approved Innovation Fund projects will continue to flow to the AFP Practice Plans. The AFP Practice Plan FMC understands that they are responsible to AMOSO for the operational oversight of the proposal which includes the flowing of funds and annual reporting.

Comments:

The AFP FMC Committee for the AFP Practice Plan of _____ has voted and approved the above submission(s) for AMOSO Innovation Reporting.

AFP FMC Chair:

Date:

Signature:

*Please email or fax completed INNO FMC – New Project Report Form to amoso@lhsc.on.ca or fax 519-685-8336

Updated June 2014