

AMOSO OPPORTUNITIES FUND APPLICATION

PROJECT INFORMATION

Submission Summary:

Project Lead(s):			
Project Title:			
Lead Project Sponsor AFP Practice Plan(s):			
Project Start Date:			
Fundable Term of Project:	<input type="checkbox"/> One Year <input type="checkbox"/> Two Years <input type="checkbox"/> Three Years		
Total Budget Requested:	\$		
Budget Requested per Year:	Year 1 - \$	Year 2 - \$	Year 3 - \$
Has the CV of the Project Lead(s) been included with this submission? (CV should be in Acuity STAR format)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

1. Guideline Criteria # 1 *The proposal must be compensation for a new AFP Participating Physician recruit or new academic role for an existing AFP Participating Physician...*

The Project Lead is a new AFP Participating Physician recruit within the first five years of AFP membership, and has not previously been funded by the AMOSO Opportunities Fund: ☐ Yes ☐ No

The Project Lead is an existing AFP Physician in a New Role, with new deliverables: ☐ Yes ☐ No

*Please Note: The AMOSO Opportunities Fund is not intended to support pre-existing research or the extension of research along the same lines of current research. If the Project Lead is an existing AFP Participating Physician, **it will be important for reviewers to understand how this is a New Role.** As such, please provide below, any comments you feel will assist reviewers in the evaluation of your proposal. Please remember the application **must** include a justification letter from the Department Chair describing the New Role with new deliverables and should also disclose if other compensation has been provided for this physician for the New Role.*

Comments:

2. Guideline Criteria # 2 *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)*

Please identify applicable AFP Practice Plan(s) and/or Department(s) excluding the Lead Project Sponsors already noted above:

- 1.
- 2.
- 3.
- 4.

3. Guideline Criteria # 5 *Projects dependent on peer review funding for viability must confirm that peer review funding is in place before submitting to the Opportunities Fund for physician support*

Is the project dependent on peer review funding for viability? ☐ Yes ☐ No

If yes, is peer review funding in place? ☐ N/A ☐ Yes ☐ No

4. Guideline Criteria # 7 *Approval from the Financial Management Committee (FMC) for the Lead Project Sponsor AFP Practice Plan must occur before submission to the Opportunities Fund Sub Committee*

Is approval from the FMC for the Lead Project Sponsor AFP Practice Plan included? ☐ Yes ☐ No
(Please complete and append Form FMC-111 which must be included with the submission)

IMPORTANT: If the Project has two PI's from different departments please complete two FMC-111 forms, one for each FMC (no DC-111 from is needed in this case).

5. Guideline Criteria # 8 *If other AFP Practice Plans share fiscal responsibility for the project, approval from the FMC for the respective AFP Practice Plans must occur before submission to the Opportunities Fund Sub Committee*

Do participating AFP Practice Plans share fiscal responsibility for the project? ☐ Yes ☐ No
(If yes, please complete and append Form FMC-111 which must be included with the submission)

6. Guideline Criteria # 9 *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 the Department Chair*

Is confirmation of support from participating/collaborating AFP Practice Plan(s) FMC Chair or Department Chair included? (if yes, please complete and append Form DC-111 which must be included with the submission) ☐ Yes ☐ N/A

Confirmation of support is intended to ensure that the AFP Practice Plan FMC and appropriate leadership have considered the feasibility of the project they are endorsing. While a letter of support from the Division Chair adds valuable support to the submission, it is necessary to provide support confirmation (Form DC-111) from either the AFP Practice Plan FMC Chair or the Department Chair of participating/collaborating AFP Practice Plans or Schulich School of Medicine & Dentistry departments. If desired, Form DC-111 can be co-signed by the Division Chair and either the AFP Practice Plan FMC Chair or Department Chair.

7. Guideline Criteria # 13 *The release of funding will be conditional upon receiving Research Ethics Board approval or a letter from the Office of Research Ethics stating approval is not applicable for the project*

Is ethics approval from the Office of Research Ethics included? ☐ Yes ☐ Pending ☐ Not Applicable

If ethics approval is not applicable for your project, a letter indicating such from the Office of Research Ethics must be submitted for approved projects before funding will be released. (For Office of Research Ethics contacts and information - [Office of Research Ethics](#)).

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BUDGET DETAILS

Provide written details on the Opportunities Fund budget request, including time/cost estimates. Provide details as noted in chart on other sources of funding applied for and any funding received.

	YEAR 1		YEAR 2		YEAR 3	
Funding	Amount	Applied for or Received	Amount	Applied for or Received	Amount	Applied for or Received
AMOSO Opportunities Fund (Physician Compensation)	\$	Applied <input type="checkbox"/>	\$	Applied <input type="checkbox"/>	\$	Applied <input type="checkbox"/>
Other funding from: (if applicable)	\$	Applied <input type="checkbox"/> Received <input type="checkbox"/>	\$	Applied <input type="checkbox"/> Received <input type="checkbox"/>	\$	Applied <input type="checkbox"/> Received <input type="checkbox"/>
Other funding from: (if applicable)	\$	Applied <input type="checkbox"/> Received <input type="checkbox"/>	\$	Applied <input type="checkbox"/> Received <input type="checkbox"/>	\$	Applied <input type="checkbox"/> Received <input type="checkbox"/>
Other funding from: (if applicable)	\$	Applied <input type="checkbox"/> Received <input type="checkbox"/>	\$	Applied <input type="checkbox"/> Received <input type="checkbox"/>	\$	Applied <input type="checkbox"/> Received <input type="checkbox"/>
Total	\$		\$		\$	

Notes:

- The budget should be consistent with approved compensation guidelines as outlined in the *Guidelines and Application Process*.
- Please include any notes to budget as well as the name of the compensated Physician(s) and the requested compensation time for each (i.e. 1 day/week/year)

Additional Budget Comments:

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PROJECT INFORMATION

Please utilize the headings below in a separate document to provide further details on your Opportunities Fund Project.

This must be submitted along with the Application and not exceed 5 pages in length.

Appendices which enhance the report may be included with the submission.

PURPOSE:

- Include the purpose of the project and clearly illustrate how this proposal will contribute to the Academic deliverables of more than one AFP Practice Plan or Schulich School of Medicine & Dentistry Department and how it will align with the strategic direction of London Health Sciences Centre, St. Joseph's and the University

BACKGROUND:

- Provide pertinent information on challenges and needs; significance of problem

PROJECT DESCRIPTION:

- Briefly describe the strategy, relevant implications, how issues will be addressed; methodology and whether methodology is appropriate for the objectives of the project strengths and weaknesses

CURRENT RESOURCES:

- Financial, personnel, include impact on resources such as space

DEPARTMENT COMMITMENT:

- Provide brief details on commitment of financial, resource, other

PROPOSED OUTCOME MEASURES AND REPORTING:

- Year 1, Year 2 and Year 3 milestones should be concrete, related to the project and as specific as possible in outlining anticipated targets and deliverables. Articulate how the outcome(s) will be appropriately disseminated/transferred/translated

PROPOSED TERM COMMITMENT:

- Please outline a project continuity plan if the proposed term commitment of the project exceeds the funding term

FORM FMC-111 & DC-111:

- Please append Form FMC-111 & DC-111 (not included in the 5 page limit)