Gate Release/Additional Fund Request Form

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SCC Information (to be completed by SCC Initiative Liaison) | | | | | | | |
| **SCC Initiative Liaison Name:** | | **Phone #:** | | **Email:** | | **Project ID:** | |
|  | | | | | | | |
| **Project Summary**–Please complete prior to submission to SCC Initiative Liaison | | | | | | | |
| **Date of Submission** | Click or tap to enter a date. | | | | | | |
| **Submission Type** | Choose an item. | | | | | | |
| **Name of Shared Care Initiative** | Choose an item. | | | | | | |
| **Title of Project:** |  | | | | | | |
| **Project Aim Statement:** |  | | | | | | |
| **Project Lead:** |  | | **Email:** |  | **Telephone:** | |  |
| **Fund Holder:** |  | | | **Funding Amount Requested:** | **$** | | |
| **Project Details** | | | | | | | |
| 1. What was accomplished with the previous funding? | | | | | | | |
| **2. Funding release requirement(s):** *If applicable, please reference gate requirements on your FTA* | | | | | | | |
| **3. What activities will be accomplished with the funding:** | | | | | | | |
| **4. Please identify if there are any changes in direction or scope (if yes, please describe):** | | | | | | | |
| **5. Is the project on track with proposed timelines? (if not, please describe why and identify potential barriers):** | | | | | | | |
| **6. How will this work be sustained after SCC project funding ends?:** | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Budget & Work Plan**  *Please identify the amount of funding requested by attaching a detailed budget as Appendix A.*  *If this is an Additional Funding Request, you must also attach a detailed Work Plan as Appendix B.* | | |
| **Attachments Included** | **Yes** | **No** |
| Appendix A: Budget (click [HERE](https://sharedcarelearningcentre.ca/wp-content/uploads/2021/10/SCC-Template-Estimated-Project-Budget-V21.01.13.xlsx) for example Budget template) |  |  |
| Appendix B: Updated Work Plan for activities |  |  |
| Appendix C: Updated Evaluation plan for activities |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Details** | **Status** | **Amount** | **Date** |
| **Total approved by SCC:** |  |  |  |
| **Initial Allocation:** |  |  |  |
| **Supplemental Allocation:** |  |  |  |
| **Spend to date:** |  | | |

|  |  |  |
| --- | --- | --- |
| **Approved Gate Release/Additional Fund Request (Internal use only)** | | **$** |
| **Approved by** | **Signature** | **Date** |
| **Director, Shared Care Committee** |  |  |
| **Doctors of BC Co-Chair** |  |  |
| **Ministry of Health Co-Chair** |  |  |