Gated Funds Release Request Form

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| Project Details | | | | | | | | | | | |
| **Name of project:** | |  | | | | | | **Date:** | |  | |
| **Project ID number (please reference FTA):** | |  | | | | | | | | | |
| **1. Please summarize the purpose of this project (objectives, gaps/needs addressed):** | | | | | | | | | | | |
| 2. What was accomplished with the previous funding gate? (please reference gate requirements on your FTA) | | | | | | | | | | | |
| **2nd Gate Requirement(s):** | | |  | | | | | | | | |
| **3rd Gate Requirement(s) (If applicable):** | | |  | | | | | | | | |
| **Additional accomplishments outside of Gate Requirements** | | |  | | | | | | | | |
| **3. Has the project changed direction from the approved proposal? (if yes, please describe)** | | | | | | | | | | | |
| **4. Is the project on track with proposed timelines? (if not, please describe why):** | | | | | | | | | | | |
| **5. What remains to be done and how will it be accomplished with the next funding gate?** | | | | | | | | | | | |
| **Strategy/Activity** | | | | **Timeline:** | | | **Quality Improvement Outcomes:** | | | | |
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|  | | | |  | | |  | | | | |
|  | | | |  | | |  | | | | |
| **6. How will this work be sustained after SCC project funding ends?** | | | | | | | | | | | |
| **Project Lead Name:** |  | | | | **Email:** |  | | | **Phone:** | |  |
| **Project Lead Name** | | |  | | | | | | | | |
| **SCC Initiative Liaison Name:** | | |  | | | | | | | | |

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| **Funding Details** | **Status** | **Amount** | **Date** |
| **Total approved by SCC:** |  |  |  |
| **Initial Allocation (Gate 1):** |  |  |  |
| **Gate 2:** |  |  |  |
| **Gate 3:** |  |  |  |
| **Spend to date:** |  | | |

**PLEASE ATTACH AN UPDATED BUDGET TO THIS FORM (template can be found** [**HERE**](https://mfiles.doctorsofbc.ca/SharedLinks.aspx?accesskey=3867297f57116d7d556631ae7d0139832e95960911f818d8ccb819667f660559&VaultGUID=D43316D7-A660-4C25-A7F3-285FB47DAEC5)**), SAVE A COPY AND SUBMIT TO YOUR SCC INITIATIVE LIAISON.**

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| **Initiative Liaison Summary Comments (Internal use only)** |
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| --- | --- | --- |
| **Approved Gate Release Amount (Internal use only)** | | **$** |
| **Approved by** | **Signature** | **Date** |
| **Director, Quality Impact** |  |  |
| **Doctors of BC Co-Chair** |  |  |
| **Ministry of Health Co-Chair** |  |  |