|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SCC Regional Liaison | | | | |
| **Name:** | **Phone #:** | | **Email:** | |
| **Regional Liaison Comments** (for internal use only)**:** | | | | |
| **Request for Steering Committee Funding** | | | | |
| **Date of Submission** | |  | | |
| **Submission Type** | | Steering Committee Funding | | |
| **Funding Amount Requested** | | $20,000 | | |
| **Name of Fund Holder** | |  | | |
| **Financial Year** | |  | | |
| **Health Region** | |  | | |
| **Local Division of Family Practice & Community** | |  | | |
| **Funding Criteria:** | | **Yes** | | **No** |
| Three or more projects currently funded through Shared Care | | ☐ | | ☐ |
| Committee representation and co-leadership from specialist and family physicians | | ☐ | | ☐ |
| Health Authority representation | | ☐ | | ☐ |
| **Meeting Frequency** (minimum quarterly) | |  | | |
| **Current Shared Care Funded Projects** | |  | | |

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| Committee Members |
| **Please identify which GP/Specialist/GP with Focused Practice physicians and other members will be involved** (add additional rows where required)**:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | CHAIR & CO-CHAIR | | | | | | | Chair: |  | Email: |  | | | | Co-chair: |  | Email: |  | | | | GP’S | | | | | | | Name: |  | Email: |  | | | | Name: |  | Email: |  | | | | SPECIALISTS | | | | | | | Name: |  | Email: |  | Specialty: |  | | Name: |  | Email: |  | Specialty: |  | | GP’S WITH FOCUSED PRACTICE | | | | | | | Name: |  | Email: |  | Focus: |  | | Name: |  | Email: |  | Focus: |  | | HEALTH AUTHORITY | | | | | | | Name: |  | Email: |  | Role: |  | | Name: |  | Email: |  | Role: |  | | OTHER MEMBERS (e.g. Patient/Family/Caregiver Representatives, Community Organization Representatives) | | | | | | | Name: |  | Email: |  | Role: |  | | Name: |  | Email: |  | Role: |  | | Name: |  | Email: |  | Role: |  | | Name: |  | Email: |  | Role: |  | |

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| Please include and check off the following attachments: | Yes | No |
| Appendix A: **Terms of Reference** | ☐ | ☐ |
| Appendix B: **Budget** | ☐ | ☐ |

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| **SCC Liaison Recommendation** (for internal use only) | |
| Recommendation |  |

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| --- | --- | --- |
| **Additional Funding Amount Approval** | **Please note $ approved here:** | |
| **Approved By** | **Signature** | **Date** |
| Director, SCC |  |  |
| Doctors of BC Co-Chair |  |  |
| Ministry of Health Co-Chair |  |  |