# A logo for a medical company  Description automatically generatedShared Care Funding Request - Steering Committee

Shared Care Information (to be completed by the Review Panel/Initiative Liaison)

Initiative Liaison Name: Select One Project ID: Click or tap here to enter text.

Summary Comments:

Click or tap here to enter text.

**Proposal Summary – Please complete prior to submission to Shared Care**

Submission Type: Steering Committee

Date of submission: Click or tap to enter a date.

Funding Amount: $20,000

Fundholder, Location: Click or tap here to enter text.

Financial Year: Click or tap here to enter text.

**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): Click or tap here to enter text.

**Current Shared Care Projects:**

Click or tap here to enter text.

**Committee Members:**

|  |
| --- |
| By submitting this form, you are consenting to receive marketing emails from Shared Care. |
| **Chair & Co-Chair** | **Email** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Family Physician Name** | **Email** |
| Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. |
| **Specialist Name** | **Email** | **Specialty**  |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Family Physician with Focused Practice**  | **Email** | **Focus Area** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Health Authority Representative** | **Email** | **Role** |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **OTHER MEMBERS (e.g. Patient/Family/Caregiver Representatives, Community Organization Representatives)** | **Email** | **Role**  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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**Attachments**

***Appendices Yes No***

Appendix A: Terms of Reference (click [HERE](https://sharedcarelearningcentre.ca/wp-content/uploads/2023/04/SCC-Template-Local-Shared-Care-Steering-Committee-Terms-of-Reference-V20.09.22-ID-348972.docx) for required Terms of Reference) ☐ ☐

Appendix B: Budget (click [HERE](https://sharedcarelearningcentre.ca/wp-content/uploads/2024/04/SCC-Template-Estimated-Project-Budget-V2.0-FINAL.xlsx) for required budget template) ☐ ☐

|  |  |
| --- | --- |
| Approved Steering Committee Funding (Internal use only) | $ 20,000 |
| **Approved by** | **Signature** | **Date** |
| **Director, Shared Care Committee** |  |  |
| **Doctors of BC Co-Chair** |  |  |
| **Ministry of Health Co-Chair** |  |  |