Gate Release Request Form

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| **Project Summary**–Please complete prior to submission to SCC Initiative Liaison | | | |
| **Date of Submission** | Click or tap to enter a date. | | |
| **Project ID:** | SCC5113 | | |
| **Title of Project:** | Improvement in Patient Care for Adults with Attention Deficit Hyperactivity Disorder (ADHD) | | |
| **Project Aim Statement:** |  | | |
| **Project Lead:** |  | **Email:** | |
| **Fund Holder:** |  | **Funding Amount Requested:** | **$** |
| **Project Details**  These questions are intended to help highlight the progress your project has made, the outcomes achieved so far, and the plans for continued success. | | | |
| 1. What milestones or results were achieved with the first transfer of funds and how did the project advance towards it goals? | | | |
| 2. Were there specific deliverables identified in the FTA for this gate, and have they been achieved? | | | |
| 3. What activities or deliverables will this funding gate support, and how will they contribute to the overall success of the project? | | | |
| 4. Have there been any changes in direction, scope or deliverables? If yes, please describe the changes and explain how they affect project outcomes and budget. | | | |
| 5. Is the project on track with proposed timelines? If not, what barriers are affecting progress and how are they being addressed? | | | |
| 6. How will this work be sustained after Shared Care project funding ends, and what supports are in place to ensure long-term value? | | | |

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| **Funding Details** | ***SAMPLE*** | **Amount** | **Approval Date** |
| **Full Project funding:** | *$150,000* |  |  |
| **Initial Gate:** | *$100,000* |  |  |
| **REMAINDER AVAILABLE** | *$50,000* |  |  |
| **Gate #2:** | *$50,000* |  |  |
| **Gate #3:** |  |  |  |
| **Spend to date:** | *$89,000* |  |  |

**Budget information:**

Please attached a completed Gated Funding Financial Report.

This report should provide information on:

1. The approved budget from the Original Proposal
2. The total amount of spending to date
3. If the approved budget needs to be adjusted (i.e., the project will be overspent in some areas), please complete a revised budget.

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| **Attachments** | | |
| **Attachments Included** | **Yes** | **No** |
| Appendix A: Gate Funding Financial Report (click HERE for the template) |  |  |

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| **Approved Gate Release (Internal use only)** | | **$** |
| **Approved by** | **Signature** | **Date** |
| **Vice President, Shared Care & Strategic Initiatives** |  |  |
| **Doctors of BC Co-Chair** |  |  |
| **Ministry of Health Co-Chair** |  |  |