Additional Funds 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:** |  |
| **Title of Project:**  |  |
| **Project Aim Statement:** |  |
| **Project Lead:** |  | **Email:** |
| **Fund Holder:**  |  | **Approved Funding** | **$** |
| **Funding Amount Requested:** | **$** |
| **Project Details** |
| 1. What have been the key milestones or accomplishments achieved by the project to date?  |
| 2. What has caused the need for the project to seek additional funding?  |
| 3. What are the specific deliverables and timelines associated with the additional funds? |
| 4. Were there alternate solutions explored besides increasing the budget?  |
| 5. What is the rationale for receiving additional funds at this time? |
| 6. What would be the impact on the project if additional funds are not granted?  |

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| **Funding Details** | ***SAMPLE*** | **Amount** | **Approval Date** |
| **Full Project funding:** |  *$150,000* |  |  |
| **Additional funding requested** |  *$50,000* |  |  |
| **TOTAL** |  *$200,000* |  |  |
| **Spend to date:** |  *$89,000* |  |  |

**Budget information:**

Please attached a completed Additional 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. The revised budget including the additional funds being requested

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

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