**STFM Foundation Project Fund Application Form**

**Project Title:**

**Name of the sponsoring STFM Collaborative or Special Project Team:**

* The name(s) of the sponsoring Collaborative or Special Project Team’s chair/co-chairs:
* Please verify that the chair of the STFM group listed above has approved the project and tasked the Principal Investigator, who is a member of the group, to coordinate and submit the proposal by checking one of these blocks:

 \_\_Yes

 \_\_No

**Project Principal Investigator**

Name:

Department/Program Address:

Member Address:

Telephone Number:

Email address:

**Project Co-Investigator 1 (if present)**

Name:

Department/Program Address:

Telephone Number:

Email address:

**Project Co-Investigator 2 (if present)**

Name:

Department/Program Address:

Telephone Number:

Email address:

**Does the project include a student, resident, or new faculty member?**

 \_\_\_Yes \_\_\_No

**Grant checks will be made payable to:**

Mailing address:

To the attention of:

**Project Summary (maximum 200 words):**

* Funding Period: (check one) \_One Year \_Two Years
* (Note: Funding period is March 1–February 28)

**Detailed Project Description (800 words):**

**Does this project conduct a survey?** \_\_\_Yes \_\_\_No

**If yes, has the proposal been reviewed by CERA?** \_\_\_\_Yes \_\_\_\_No **(**[www.stfm.org/initiatives/cera.cfm](http://www.stfm.org/initiatives/cera.cfm))

**Rationale**:

\*Include citations of relevant literature and describes how the project relates to the Collaborative or Special Project Team’s goals, STFM’s mission, and the discipline of family medicine

**Target Audience for the Project Results:**

**Project Goals and Objectives:**

**List of activities and a statement that describes why the project is innovative:**

**Anticipated Outcomes:**

**Evaluation Strategies:**

**Project Timeline:**

**How the project outcomes will be disseminated (e.g., presented at an STFM meeting)**:

**Status of IRB Approval: (check one)**

*If you are planning to publish the results of your project, keep in mind that all manuscripts reporting research that involves human subjects (both educational research and clinical research) should include a statement indicating that the research has been reviewed and approved, or granted an exemption from formal review, by an appropriate human subjects protection committee (institutional review board).*

\_\_Have submitted request for IRB approval

\_\_Will submit to IRB within the next month

\_\_No IRB necessary

**Project Budget:**

Amount requested from the STFM Project Fund:

Amount of in-kind donations from the department/program:

**Budget/Detail Explanation (explain budget detail and rationale for each line item):**

**References:**

**Bibliography:**