

**STFM Foundation Group Project Fund Application Form**

Project Title:

Name of the sponsoring STFM Group:

The name(s) of the sponsoring STFM Group'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:  
Telephone Number:  
FAX Number:  
Email address:

Project Co-Investigator 1 (if present)

Name:  
Department/Program Address:  
Telephone Number:  
FAX Number:  
Email address:

Project Co-Investigator 2 (if present)

Name:  
Department/Program Address:  
Telephone Number:  
FAX Number:  
Email address:

Project Summary (maximum 200 words)

Funding Period: (check one)       One year       Two years  
(Note: Funding period is March 1 through February 28)

Detailed Project description (800 words)

Rationale (includes citations of relevant literature and describes how the project relates to the Group'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)

- Have submitted request for IRB approval
- Will submit to IRB within the next month
- No IRB necessary

Project Budget

Amount requested from the Group Project Fund: \$ \_\_\_\_\_

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

Total project budget: \$ \_\_\_\_\_

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

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## STFM Foundation Group Project Fund

### Proposal Rating Form

Proposal Title/Name of PI: \_\_\_\_\_

Name of Sponsoring STFM Group: \_\_\_\_\_

Reviewer's Name: \_\_\_\_\_

	Marginal (5 pts)	Good (10pts)	Excellent (15pts)
<b><u>Project Significance</u></b> (Describes project's relationship to the Group's goals and STFM's mission) <b>Comments:</b>			
<b><u>Project Rationale and Contribution to FM Education</u></b> (Project is innovative and adds new knowledge or advances an existing body of knowledge) <b>Comments:</b>			
<b><u>Project Goals and Objectives</u></b> (Identifies measurable outcomes that match specified activities and evaluation methods) <b>Comments:</b>			
<b><u>Project Activities</u></b> (Activities and/or methods are innovative and match the proposals goals and objectives and evaluation methods) <b>Comments:</b>			
<b><u>Evaluation Plan and Anticipated Project Outcomes</u></b> (Evaluation methods are valid and match goals/objectives and activities. ) <b>Comments:</b>			
<b><u>Project Timeline</u></b> (Includes dates of major projects s) <b>Comments:</b>			
<b><u>Usability and Sustainability</u></b> (Project yields outcomes that STFM's members and constituencies can use and project has potential for continuing after initial funding). <b>Comments:</b>			
<b><u>Dissemination Plan</u></b> (Include submissions planned for STFM conferences and publications.) <b>Comments:</b>			
<b><u>Budget/Cost Sharing</u></b> (Funds requested match project goals and objectives and activities. Sufficient information is supplied to justify expenditures. Includes matching contributions from department/program funds and other sources.) <b>Comments:</b>			

<b>TOTAL SCORE</b>	
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<b>Should this proposal be a finalist?</b> <b>Comments:</b>	_____ Probably No	_____ Probably Yes	_____ Definitely Yes
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