Please complete this form to a ***maximum*** of 2 pages. The information provided will be used to help the Department understand how the project idea aligns with our priorities and to confirm support for the idea from key leadership. Please send completed forms to Ashton Chugh, chugha@ucalgary.ca.

1. **Project Title**
2. **Project lead(S), including roles, AFFILIATIONS and contact information (e-mail is sufficient)**
3. **What is the project goal and, if applicable, the long-term goal of this work?**
4. **what is the need your project will address?**
5. **How will your project address this need and what impact will this have?**
6. **expected budget request and list of KEY items to be included in budget**
7. **Does this project have a time-sensitive component or does the team have an expected timeframe (i.e., start date, duration)?**
8. **who are your project partners (e.g. collaborators, supporters, champions, and others who may be required to achieve project goals)? How have you engaged them to date?**
9. **What are some sustainability options for this project beyond THE CURRENT FUNDING REQUEST (e.g. external grant applications, commercialization, cost-recovery, system uptake)?**
10. **If you are proposing research as part of your project, please explain How the project aligns with either the Child Health and Wellness** [**Grand Challenges**](https://research.ucalgary.ca/sites/default/files/teams/1/Child-Health-and-Wellness-Grand-Challenges.pdf) **or** [**strategic priorities**](https://cumming.ucalgary.ca/sites/default/files/teams/82/communications/Dept%20of%20Peds_Strategic%20Plan%202024-29_FINAL.pdf) **(consult with** **Ashton Chugh** **if you are unsure)**
11. **STATE BELOW WHETHER YOU’VE APPLIED FOR EXTERNAL FUNDING AND/OR IF YOUR PROJECT HAS RECEIVED PEER REVIEW \*(INCLUDE REVIEW FEEDBACK WITH APPLICATION)**

**INTERNAL USE:**

Date Received:

Matched funding?

Project Sponsors:

Project Supporters:

APPROVED NOT APPROVED

COMMENTS RETURNED