FACILITY ENGAGEMENT
An SSC Initiative

Squamish Facility Engagement – Project evaluation and renewal form

Name of physician requesting funds	
Amount the project was funded for last year?	
Please share any successes from last year.	
Were there any challenges from last year that you would like to share?	
What is the impact of this activity/project?	
How much are you requesting for this year?	
What activities will this fund (e.g. meetings, development of guidelines, data analysis)?	
Approximately how many physicians will be participating?	
Please describe how you anticipate the Health Authority being involved. Please also include the names or positions of the people being involved.	
What are some intended outputs your project will produce?	