Curriculum Development Fund
APPLICATION FORM
University of Massachusetts Medical School
Office of Undergraduate Medical Education
Academic Year 2011-2012

Project Title: ______________________________________________________________________________________

Course Director: _______________________________ (please print) Department: ____________________________

Course Director Designee: _______________________________ (please print) Department: ____________________________

Budget Request: _______________________________ Department: ____________________________

**Description of project based on funding criteria:**

Brief project description:

Curricular goals/needs to be addressed:

Benefit to the curriculum beyond the funding period; is this scaleable?

How project implementation and/or outcomes will be documented:

If technology and IS support is required, with whom were these discussed?

Please include the URL if this is a website-related application ____________________________, and briefly describe any discussions with IS related to the project described above.

**Detailed Budget and Justification:**

Describe in as much detail as is warranted why each of the requested items in the budget are necessary.
Provide a justification for every budget item in the Budget Justification section on the next page and limit all budget requests to those essential to the project. Please refer to the Call for Proposals cover page and Use of Monies sections of this document before completing this section.

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APPLICATION FORM CONTINUED

Budget and Justification for your project:

A. Personnel:

B. Supplies:

C. Travel:

D. Equipment:

TOTAL Request:

Course Director: ______________________________ Department: ____________________ Date: _______
(Signature)

Course Director Designee: _____________________ Department: ____________________ Date: _______
(Signature)

Department Chair: ___________________________ Department: ____________________ Date: _______
(Signature)

DATE SUBMITTED: ____________________________

Please submit electronically via e-mail to Kathy Moylan, Academic Business Coordinator in the Office of Undergraduate Medical Education (Room S1-147), Kathy.Moylan@umassmed.edu followed by a hard copy containing required signatures.