



College of Medicine – People Fund Seed Grant Application form

Use this form to propose a staff and/or faculty-related initiative that enhances joy, engagement, connection, wellbeing, collaboration, or workplace culture within the College of Medicine.

Applicant(s) Name(s): _____

Department/Unit: _____

Email: _____

Initiative Title: _____

Funding Requested (Maximum \$5,000, budget table to be filled out below): _____

1. Initiative Description

Briefly describe the proposed initiative, including key activities, timelines, and participants.

2. Impact and Benefit (team, department, or organization)

How will this initiative benefit staff, faculty, learners, teams, departments, or the broader organization?



3. Alignment with College of Medicine Commitments

Which, if any, of the College of Medicine [strategic commitments](#) does this initiative align with? Choose one or more.

- ☐ Connecting
- ☐ Advancing ohpahotân | oohpaahotaan (Indigenous Strategy)
- ☐ Reflecting and Learning
- ☐ Embedding equity, diversity, inclusion and accessibility (EDIA) principles
- ☐ Sharing our stories

4. Anticipated Impact and Success Measures

Describe the intended outcomes and how success will be measured.

5. Knowledge Sharing

Describe how outcomes, resources, or lessons learned will be shared. *Please note that College Communications may follow up to share the story of your project.*

6. Innovation and Learning Potential

What is new, unique or worth learning from this initiative? *This may include testing a new idea, adapting a successful practice to a new context, addressing an identified gap, or generating insights that could inform future initiatives.*



7. Budget

Item (fill in as applicable)	Description	Amount (\$)
Materials / Supplies		\$
Externally contracted services		\$
Honorarium		\$
Travel		\$
Food		\$
Funding from other sources (if applicable, please explain)		\$
Other (please describe)		\$
TOTAL FUNDING REQUESTED		\$

Applicant Declaration

I certify that the information provided is accurate and that any funds awarded will be used for the purposes described in this application and be used in alignment with eligible expenses as outlined in the USask Financial Policy. I will provide requested updates regarding project timelines and progress to the College of Medicine Projects Team.

Applicant Signature: _____ Date: _____

Department Head or People Leader Endorsement:

Name: _____

Signature: _____ Date: _____

Comments (optional): _____

Please submit your signed form to com.projects@usask.ca