Faculty of Medicine Equity, Diversity and Inclusion (EDI) Action Fund

Start of Block: Default Question Block

Q1 The Faculty of Medicine Equity, Inclusion and Diversity (EDI) Action Fund is administrated by the Office of Inclusion and Diversity (OID), and contributes the Faculty of Medicine’s commitment to Excellence through Equity, one of the three Strategic Domains of Focus named in the 2018-2023 Academic Strategic Plan. It aims to support Faculty of Medicine learners in being champions of Equity, Diversity and Inclusion by transforming their ideas for initiatives into reality. It awards a maximum of $500 to applicants with successful proposals. The fund is able to approve a maximum of 10 proposals per year (September to August).  For full information about the EDI Action Fund please visit: <https://medicine.utoronto.ca/edi-action-fund> Please download a [budget template](https://survey.ca1.qualtrics.com/CP/File.php?F=F_2noBGHJhcje55AN) and use this to create a budget. Submit the template in the last question of this application form.  
It is a good idea to first write your application in a word document, and then paste in your responses into this form, so you have a saved copy.

Q2 Title of Initiative:

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Q3 Which type of Faculty of Medicine student group(s)/student organization(s) are submitting this application?

* MedSoc Ratified Student Group (please specify your student group name) (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Faculty of Medicine Undergraduate Student Association (please specify your student group name) (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Graduate Student Association (please specify your student group name) (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Unofficial Faculty of Medicine Student Group (please specify your student group name) (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Individual Faculty of Medicine student with a Faculty of Medicine staff or faculty member advisor. (5)
* Group of Faculty of Medicine students with a Faculty of Medicine staff or faculty member advisor (please specify the first and last names of your group members) (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other (please specify) (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q5 Contact info of student leader that is the main contact for this initiative proposal:

* First Name (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Last Name (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Pronouns (they/them, she/her, he/his, other) (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Program and Department (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Projected Graduation Year (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q17 Please provide the first and last name, department, email and phone number of your Faculty of Medicine staff/faculty member advisor.

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Q4 Please provide a brief background and description of your student group/student organization(s).

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Q6 Please list collaborators, if any (e.g, A Faculty of Medicine department):

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Q7 What is the total dollar amount you are requesting from this fund? If you plan to access additional funding from other funds/sponsors, please include that in your budget.

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Q11 Who is your target audience?

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Q12 Provide a detailed description of your EDI initiative, including your goals and how it will increase/improve EDI at the Faculty.

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Q13 What is the start and end date of your EDI initiative?

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Q14 Please describe in detail  how you will  market/promote your EDI initiative. What tactics will you use to reach your target audience?

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Q15 Provide up to 5 objectives for your EDI initiative. Please ensure your objectives are written in [SMART format](https://www.ucop.edu/local-human-resources/_files/performance-appraisal/How%20to%20write%20SMART%20Goals%20v2.pdf). SMART is an acronym that stands for Specific, Measurable, Achievable, Realistic, and Timebound.

* Objective #1 (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Objective #2 (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Objective #3 (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Objective #4 (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Objective #5 (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q16 Please provide a clear plan of what metrics you will use to evaluate your initiative. Ensure they are linked to your goals and SMART objectives.

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Q18 The Office of Inclusion and Diversity may be able to assist you with some aspects of your fund. For example, we can book space at the Medical Sciences Building free of charge. (You can check the [ACE online booking calendar](https://ace.utoronto.ca/webapp/f?p=200:1::::::) to check for room availability.)  
 Please let us know what you might like help with.

* Sharing your promotional materials through our social media and other communication channels (1)
* Booking space at the Medical Sciences Building/elsewhere (2)
* Connecting you with collaborators (3)
* Planning (4)
* Logistics (5)
* Editing drafts (7)
* Implementation (8)
* Other (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q9 Please upload your completed budget (make sure you used the template provided at the beginning of this application form). Files uploaded can be up to 100MB. Please only submit Microsoft Excel or PDF files.

End of Block: Default Question Block