**NAME:**       **CTFN No.:**

**DATE COMPLETED MONTH:**       **YEAR:**

**NOTE**: The information provided should not exceed one page. Cells will expand as you type. You can use Tab to move cursor. For check box, place cursor over box then left click or spacebar to check/uncheck.

|  |  |
| --- | --- |
| **Name or Title of Proposal**      | [ ]  **research project** [ ] **quality improvement project** |
| **State the problem or issues which led to the research project**      |
| **State the project objectives**       |
| **Describe the design for the project**      |
| **Who worked on the proposal for the project?**       |
| **What was your role in the proposal development?**       |
| **Describe the CDE competencies this project relates to and what new learning you received in the development of the research project and/or quality improvement project:**      |

|  |  |
| --- | --- |
| Manager’s/Researcher’s Name: (print) | Manager’s /Researcher’s Signature:  |
| Position: |  |
| OR ANOTHER CDE MAY SIGN ONLY IF A MANAGER/RESEARCHER IS UNAVAILABLE TO SIGN |
| CTFN No.: | Name:(print) | Signature: |