ILAR

2019 Project Proposal Form

1.	PROJECT TITLE:
2.	Project Location(s):
3.	Please select which area this project falls under (can select multiple): □Patient Education □Health Professional Education □Advocacy for Rheumatology − PR Campaigns □Population Health □Clinical Practice
4.	Project Description including needs assessment (500 word limit):
5.	Describe how this project will further ILAR's mission to advance rheumatology in developing countries?

6.	Select the target audience(s) for this project (Physicians, health professionals, patients) including
	how many per group.

Please check all that apply	Target Audience	Anticipated Number
,	Physicians	
	Health Professionals	
	Patients	
	Other (please specify)	

7.	What is the desired	l outcome of	this project?	How will	outcomes	be monitored	and	l measured	?
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8. Projected Budget; Please include as much detail as possible:

9.	Source of funding:	ILAR	Third Party Sponsors (specify the source of all third-party funds
	and amounts for eac	h sponsor)	

^{*} If industry support is anticipated, please describe how the funds will be handled.

10. Who are the individuals responsible for conducting the project? Include contact information. The selected individuals will be required to provide a summary on progress to ILAR's executive committee, biannually.
11. Please indicate one primary point of contact for all communications related to the project, including their contact information.
Primary Point of Contact Name:
Email:
Phone:
Mailing Address:
12. In order to ensure optimal communication between ILAR projects and regional and national leagues of rheumatology, it is expected for you to communicate your proposal to those

rheumatology organizations that may be affected by your proposed project. For regional leagues, please contact its president. Please list the names of the individuals within organizations (both

regional and national) that you have communicated with about this project.