Equity, Diversity and Inclusion (EDI) Action Fund - Application

The Temerty Faculty of Medicine Equity, Inclusion and Diversity (EDI) Action Fund is administrated by the Office of Inclusion and Diversity (OID), and contributes to Temerty 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 Temerty Medicine learners in being champions of equity, diversity, inclusion, Indigeneity, and accessibility (EDIIA) by transforming their ideas for initiatives into reality. It awards a maximum of $500 to applicants with successful proposals on a reimbursement basis. The fund may approve a maximum of 10 proposals per year (May to April).

For more information about the EDI Action Fund please visit: <https://temertymedicine.utoronto.ca/edi-action-fund>

**\*\*Please note the following\*\*:**

* If your proposal involves outreach to *community members or high school/undergraduate students, or other prospective students*, please connect with the [Office of Access & Outreach (OAO)](https://temertymedicine.utoronto.ca/office-access-and-outreach) for consultation before submitting your proposal.
* If your proposal involves connecting with Indigenous community members, or engaging with Indigenous knowledges, please connect with the [Office of Indigenous Health (OIH)](https://md.utoronto.ca/office-indigenous-health) for consultation before submitting your proposal.

Staff at both the OAO and the OIH will be able to consult on wise practices and possible alignments in current programming. To be connected with these offices, please email medicine.oid@utoronto.ca with a short description of your proposal, and we will connect you with a staff member.

Please download this [budget template](https://survey.ca1.qualtrics.com/CP/File.php?F=F_0NcxaZOtgba8FGm) and use it to create your project budget. Submit the budget 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 Temerty Faculty of Medicine student group(s)/student organization(s) are submitting this application? Please highlight your selection from the list below, and specify your student group name.

* MedSoc ratified student group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Temerty Medicine undergraduate student association \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Temerty Medicine graduate student association (including student unions and associations) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Unofficial Temerty Medicine student groups \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Individual Temerty Medicine student with a Temerty Medicine staff or faculty member advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Group of Temerty Medicine students with a Temerty Medicine staff or faculty member advisor (please specify the first and last names of your group members) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Temerty 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 Temerty 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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Q12 Provide a detailed description of your EDI initiative, including:

* Overall purpose, goals and topics/themes
* Target audience
* High-level implementation plan
* How the initiative will increase/improve EDI at the Faculty.
* How you have considered intersectionality, social justice/anti-oppression, and accessibility in your initiative

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Q13 What are the start and end dates 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Objective #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Objective #3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Objective #4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Objective #5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q16 Please provide a clear plan of how you will 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.
 Please highlight from the list below to indicate what areas you might like support with.

* Sharing your promotional materials through our social media and other communication channels
* Booking space at the Medical Sciences Building/elsewhere
* Connecting you with collaborators
* Planning
* Logistics
* Editing drafts
* Implementation
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.