# Application for Funding

## Application Procedure

* Complete the application form – all fields must be completed.
* Maximum funding per project is $5,000.
* The signature of the team leaders’ manager or supervisor is required.
* For information or assistance in filling out this form, please contact: Aggie Black, Research Leader, Professional Practice, PHC ABlack@providencehealth.bc.ca) or Kerri Abramson, Manager, Research Education & Internal Awards, VCHRI (kerri.abramson@vch.ca)

## Evaluation Criteria

Proposals will be evaluated against the following criteria:

* **Significance:** relevance of the practice change and its implications for clinical practice, patient care, or the health care system.
* **Proposal Coherence:** demonstration of a good understanding of the need for the practice change and the evidence-base that shows the practice change will address the need.
* **Soundness/Appropriateness of Implementation Plan**: appropriateness of implementation team, thorough assessment of barriers and facilitators, adequacy of implementation plan. Must clearly describe the implementation plan.
* **Budget and Financial Management:** inclusion of a fully detailed budget that is appropriate for the project.
* **Balance between Programs:** if the number of approved proposals exceeds the available funding, consideration will be given to ensuring funded proposals are distributed among different programs.

## Expectations of Team Members

* Approved projects will start following announcement of funding in July 2017 and will be completed by May 31, 2019.
* A detailed account of expenditures and corresponding receipts are to be submitted for payment, and a final accounting of project expenditures will be completed at the end of the project.
* Changes to approved projects once they are underway must be submitted in writing to Aggie Black or Kerri Abramson for approval prior to implementing the change.
* A final report is due by May 31, 2019. An outline of what is required will be provided a few months before the due date.
* All team members are expected to participate in the KT Challenge evaluation throughout the funding period and up to three months post project completion.

## Ethics Considerations

* Please use the ARECCI tool ([ARECCI Ethics Screening Tool](http://www.aihealthsolutions.ca/arecci/screening/133427/fb66f52ffca9636762fc687b715ed292)) to determine if your project requires ethics approval. If needed, resources will be provided to assist you with the ethics application process. If necessary, teams may also be required to obtain operational approval to conduct research at VCH.

## Application Dates

* **Deadline for this application/proposal: May 15th, 2017 at 16:00**
* The completed application including all attached documents are to be submitted to Kerri Abramson at kerri.abramson@vch.ca or by mail to 3665 – 910 West 10th Avenue, Vancouver BC, V5Z 1M9

## Checklist

[ ]  Application form is complete.

[ ]  All team members have been identified in the application form and have signed the application form.

[ ]  The Operations Leader, manager or supervisor of the team leader has signed the application form.

[ ]  Funding requested does not exceed $5,000.

[ ]  Proposal (Section 6) does not exceed 5 pages (not including references).

[ ]  Mentor(s) have completed a paragraph about their involvement and have signed the proposal.

**Application Form**

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| **Project Title** |
|  |
| **1. KT Team Leader** |
| **Name** |  | **Signature** |  |
| **Title/Department** |  |
| **Facility/Site** |  |
| **Telephone** |  | **Email** |  |
| **2. Mentor** |
| **Name** |  |
| **Telephone** |  | **Email** |  |
| **Signature** |  |
| **3. KT Team Members** |
| **Name** |  | **Signature** |  |
| **Title/Department** |  |
| **Facility/Site** |  |
| **Telephone** |  | **Email** |  |
|  |
| **Name** |  | **Signature** |  |
| **Title/Department** |  |
| **Facility/Site** |  |
| **Telephone** |  | **Email** |  |
|  |
| **Name** |  | **Signature** |  |
| **Title/Department** |  |
| **Facility/Site** |  |
| **Telephone** |  | **Email** |  |

\* Please use the extra table in Section 7 if you require more space.

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| **4. Operations Leader, immediate Manager or Supervisor** |
| **Name** |  | **Signature** |  |
| **Title/Department** |  |
| **Facility/Site** |  |
| **Telephone** |  | **Email** |  |

By signing above the Manager or Supervisor acknowledges that they (please check):

[ ]  Had a discussion with team members regarding the time and resource expectations of the implementation plan

[ ]  Read through all 8 sections of the application form, including the cover sheet

[ ]  Read the 5 page project proposal

[ ]  Confirm that they will support this team as outlined in this application

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| **5. Proposal** |
| The proposal is to be typed, 12 point Times New Roman or 11 point Arial font, single spacing, on five (5) pages or less. **References can be added as an appendix and do not count towards your five pages.** Your proposal should include the following sections (all sections must be completed). PLEASE ATTACH YOUR PROPOSAL TO THE APPLICATION AS A SEPARATE DOCUMENT. 1. Project title
2. Background to the problem, literature review (explaining the need and evidence for the practice change and significance) (maximum 1 page)
3. Practice change to be implemented
4. Detailed description of the implementation plan:
5. Stakeholder engagement plan
6. Implementation and evaluation plan
7. Process used to assess barriers and facilitators and main findings
8. Resources required
9. Project timeline
10. Sustainability Plan (post-project)
11. Plan for sharing your findings
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| **6. Project Budget** |
| Please outline the total proposed budget in the tables below. Funds may be used to pay:1. Buy-out time for regular PHC and/or VCH staff to work on the KT Challenge project
2. Salaries for research assistants and administrative, transcribing or translating services
3. Computing services or software site licenses, for small equipment, usually less than $100
4. Supplies and services, such as office supplies and printing

In the personnel table below, list all personnel involved in the project, whether being paid from project funds or not. If not to be paid from project funds, put N/A in the last two columns. |

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| **6.1 Personnel Budget** |
| **Name**  | **Title & Project Contribution**  | **Time Allocated**  | **Salary**  | **Estimated Expenditure**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Subtotal:** |  |

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| **6.2 Equipment Budget** |
| **Item**  | **Justification**  | **Estimated Expenditure**  |
|  |  |  |
|  |  |  |
| **Subtotal:** |  |

|  |
| --- |
| **6.3 Services Budget** |
| **Item**  | **Justification**  | **Estimated Expenditure**  |
|  |  |  |
|  |  |  |
| **Subtotal:** |  |
| **Total Estimated:** |  |

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| **7. Team Members – Extra Space Signature** |
| Team Member Name Date Signature |  |
| Team Member Name Date Signature |  |
| Team Member Name Date Signature |  |
| Team Member Name Date Signature |  |
| Team Member Name Date Signature |  |

**Mentor Contribution.** Please ask the mentor for your project to briefly describe their contributions to the project up to the point of writing this proposal, as well as their anticipated contributions in conducting the knowledge translation project, if your project is funded. You may cut and paste a note below, or attach a note to this proposal.

1. As the mentor for this project, I contributed in the following ways to the development of this proposal:
2. As the mentor for this project, I anticipate contributing in the following ways if the project is funded: