

Team Grant Awards 2023 Research Module

This is an auto-fill form, using drop-down lists and text fields. For text fields you can either type directly onto the form or cut and paste from another file. All text will display in Arial 10 format, and no other formatting (e.g. bold) is possible. You can use the tab key to move from line to line. The character maximums (if listed) include spaces but not paragraph breaks.

Principal Investigator Last Name	Principal Investigator First Name(s)	Title Select One
Email Address:	Job Title	
VCH/PHC Program/Department	VCH/PHC Program/Department Manager	
Academic Department and Rank (if applicable)	Academic Department Head	

Work Mailing Address (include street, building, room number, and postal code).

Office Phone Number	Fax Number
---------------------	------------

Project Title

Within which VCH HSDA(s) will this research project take place?
Select One

Please list the specific VCH/PHC site(s) at which the project will be carried out (building locations/room #s):

Amount Requested (max. \$31,000):

PI Last Name:

Project Title:

1. Summary of Research Proposal [2700 characters]

Summarize the objectives and research plan. Explicitly detail how the project improves practice within VCH or PHC.

PI Last Name:

Project Title:

2. Research Project Team [2700 characters]

Clearly describe the various roles (including mentoring) and responsibilities of all team members listed, including patient-family partners, and your team's capacity to complete this 18 month project.

PI Last Name:

Project Title:

3. Project Budget

Applications will be considered for a maximum of \$30,000 for an 18 month long project. Teams can request an additional \$1,000 for patient partner honorariums. Awards are non-renewable.

Important Notes:

Personnel: this should include the rate, benefits and estimated hours. Only the PI is eligible for release time in the budget, and to a max of 50% of the total budget.

Travel: travel costs for investigators such as (but not limited to) mileage, conference fees/travel, are **NOT** eligible expenses and will be removed from the budget, except for the TRF awards.

In-kind contributions: Must be accompanied by a letter of support

Item	Amount requested from this competition	Amount of in-kind contributions (if applicable).
------	--	--

Personnel

Materials and Supplies

Research Equipment

Knowledge Translation

Patient Engagement Expenses and Other (Specify)

Total value of in-kind contributions		
Total Requested (maximum \$30,000)		
Patient Partner Honorarium (maximum \$1,000)		

PI Last Name:

Project Title:

4. Budget Justification

A) Provide details and justification of requested funds listed in the budget on page 6. See the award instructions for details on eligible expenses, and guidance on how to outline the estimated costs. [2000 characters]

B) Provide details on the budget requested in relation to the PI and co-PI's overall program of research and funding history (currently or pending). [1800 characters]

PI Last Name:

Project Title:

5. Knowledge Translation and Dissemination Plan [2400 characters]

The reviewers want to see that your team has discussed and planned for both integrating your results back into your practice and sharing more broadly with your colleagues.

Please provide a brief description of your plan for implementing and sharing your research results within your practice and with colleagues across VCH/PHC. As well, if applicable, include any conferences, publications and/or other venues in which you are hoping to share your findings.
