

Application Instructions for Stream 1: Applied Health Services Research

Mandatory Registration Deadline: **June 17, 2005 at 1600 MDT**
Application Deadline: **August 2, 2005 at 1600 MDT**

General Information

Lead and Co-Lead Applicants must be employees or affiliates of a Canadian not-for-profit organization (e.g. hospital, health region, university, professional association, etc.). Project funds must be held by a Canadian not-for-profit health care organization or a Canadian university and these organizations must be legally able to hold research/project funds.

If any further information or clarification is required, please contact CPSI at 780-409-8090.

Completing and Submitting the *Mandatory Registration and Application Forms*

- All applications must be registered. Completed *Mandatory Registration of Project* forms must be received by 1600 MDT on June 17, 2005.
- Completed *Application* forms (and necessary attachments) must be received at the CPSI office by 1600 MDT on August 2, 2005.
- The forms are available in electronic format (MS Word) on the CPSI website, under Request for Applications. All applications must be made using these forms.
- Complete all sections carefully and provide all required signatures and letters of support. Please note that adding or removing sections from the forms (unless otherwise stated on the forms) will disqualify the application.
- No revisions to submitted applications will be accepted after the application deadline.
- Proposals must be written in 12 point, Times New Roman text or larger. Modifications made to the margins on the form will disqualify the application from further consideration in the competition.
- Submit six (6) paper copies (counting the original) and 1 electronic copy (on CD) of the completed form and attachments. Copy single-sided and staple once in upper left corner. All required documentation must be attached to each copy of the application. CPSI will not duplicate any material on behalf of the applicant.

Completing the Form

Please ensure you use the Stream 1 Application Form.

- Checklist section. This section confirms that the required components of the Application Form and attachments are included in the application. Attachments will include:
 - CV of Lead Applicant. This should include only relevant patient safety accomplishments over the past 5 years.
 - Original signatures of Lead Applicant, Executive (i.e. Dean, CEO, Executive Director), and the Administrator of Project Funds
 - Completion of each section of the Application Form (i.e. Project Overview, Signatures, Team of Applicants, Description of Applicant Team, Project Details).
 - Original, signed letter of support from heads (i.e. CEO, Executive Directors) of each organization providing matching funding. Letters must specify the amount and types of matching funding that their organization has committed to the project.
 - Original, signed letter from head of organization holding the data required for the project. Letter must confirm that the data will be provided to the applicant within the timelines required for the project.
 - Original, signed letter from ethics review body confirming ethical approval has been provided or indicating a specific date that the ethical review will occur.
- Project Overview section. When completing this section, please note the following:
 - Project Summary must be no longer than 250 words.
 - “Multiple jurisdictions” refers to more than one province/territory, more than one health delivery organization, etc. participating in the project.
 - Describe the disciplines represented on the team of applicants (e.g. nursing, pharmacy, physicians). Please specify which (if any) of these team members are direct care providers.
- Signatures/Acceptance of Terms section. Original signatures of the Lead Applicant, Executive, and Administrator of Project Funds are required from the organization submitting the application. The Executive is defined as the head of the organization with which the Lead Applicant is affiliated, such as CEO for hospital/health region, or a Faculty Dean. Missing original signatures will disqualify the application from further consideration.
- Team of Applicants section. All co-applicants on the application must be listed. Please do not submit CVs of co-applicants. Please indicate the Co- Lead Applicant.
- Description of Applicant Team section. This section should be no more than 1 page in length. It should describe the relevant qualifications and experiences of the individual team members, as well as any relevant previous experiences and successes that the individuals have had in working with one another as a team.

- Feedback section. This section is intended to enable the applicants to provide feedback to CPSI on how the application process could be improved in future RFAs. Comments provided will not prejudice the application in the review process.
- Project Details section. This section comprises the detailed proposal of the application. This section must not exceed 6 pages in length. Please submit information for each heading as described below. Applicants may adjust the length of each heading to suit their application.
 - Background – the general context and justification for the project, including reference to published and unpublished material that substantiates the need for additional research or a demonstration project, the previous work being built upon (including references).
 - Research Question(s) – the question(s) that will be explored in the project.
 - Objectives – the major objectives or aims of the project.
 - Potential Benefit to the Health Care System and Ease of Application – To what extent will the project yield new information that will contribute to meaningful and sustainable improvements in patient safety in the Canadian health care system? What is the ease with which such changes can be applied to other health care services, settings, or jurisdictions across Canada?
 - Methods - the detail on the project design, analysis techniques, evaluation plan and data (with confirmed availability).
 - Deliverables – the planned products, outputs, reports of the project.
 - Dissemination and Knowledge Transfer Plan – a detailed explanation of how the applicants will ensure other groups can use the project findings.
 - Timelines – project milestones, start and end dates. Project durations can be up to 18 months, and must be completed by May 2007.
 - Budget – the amount requested of CPSI for each Allowable Costs item up to a maximum total of \$100,000. Provide detailed breakdowns on other funding sources (both in-kind, and cash). Although there is no limit on partner contributions that can be applied to a project, a 1:1 funding ratio is the acceptable minimum.
 - Allowable Costs. CPSI funding can be used on the following types of expenditures:
 - Personnel
 - Release time to enable staff participation on project. Staff release time must be dedicated to the project, and not assignable to other activities of the organization. Release time does not apply to University researchers who hold tenure or tenure-track positions or career awards nor to fee-for-service clinicians.
 - Contract staff/Consultants
 - Dissemination/Knowledge Transfer
 - Clearly articulated Knowledge Transfer activities beyond publication in peer-reviewed journals and presentations at scientific meetings.

- Travel to present results at conferences, meetings, symposia.
- Printing, website development.
- Applicants will state how they intend to share all techniques, reports, templates, and other materials within and beyond their jurisdiction and with CPSI so that these may be used broadly by interested health care stakeholders.
- Operating Costs
 - Communications (e.g. teleconference, videoconference).
 - Office Supplies.
- Research Expenses (e.g. article retrieval, database search fees, access to administrative databases)
- Capital Equipment (up to \$25,000)
 - Computer Software, Licenses.
 - Computer Hardware, Devices.
 - Other (except for items such as furniture).
- Travel (Government of Canada Treasury Board guidelines must be followed)
 - Project-related travel.
- No funds will be made available for research administration or research overhead in the funding holding or funding recipient organizations.
- No funds will be made available for indirect costs of research (e.g. rent).
- No funds will be made available for service delivery (i.e. those services normally delivered in the care process).
- Budget Justification section – provide justification for large or unusual budget items.

CHECKLIST

- Original signatures.
- Completion of each section of the Application Form.
- CV of Lead Applicant.
- Original, signed letter of support from heads (i.e. CEO, Executive Directors) of each organization providing matching funding.
- Original, signed letter from head of organization holding the data required for the project.
- Original, signed letter from ethics review body.

Stream 1: Applied Health Services Research Application Form

PROJECT OVERVIEW				
PROJECT TITLE				
PROJECT SUMMARY (250 WORDS OR LESS)				
PROJECT THEME <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> OTHER (Please Describe)			SUBTHEME (if applicable)	
ARE MULTIPLE JURISDICTIONS INVOLVED IN THIS PROJECT? <input type="checkbox"/> Yes (Please list) <input type="checkbox"/> No			IS THE PROJECT TEAM COMPRISED OF MORE THAN ONE DISCIPLINE? <input type="checkbox"/> Yes (Please List) <input type="checkbox"/> No	
DOES THE PROJECT INCLUDE CONSULTATION WITH ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY.) <input type="checkbox"/> Patients/Clients <input type="checkbox"/> Personal Caregivers <input type="checkbox"/> Members of the Public				
SIGNATURES/ACCEPTANCE OF TERMS				
Lead Applicant				
MR/MRS/MS/DR	NAME	TITLE & DEPARTMENT		ORGANIZATION
MAILING ADDRESS			CITY	PROVINCE
POSTAL CODE				
EMAIL	PHONE	FAX	SIGNATURE	DATE
<input type="checkbox"/> I confirm that I have not received funding for this proposal from any other organization, other than those listed as providing matching funds.				
Executive Endorsement				
MR/MRS/MS/DR	NAME	TITLE & DEPARTMENT		ORGANIZATION
MAILING ADDRESS			CITY	PROVINCE
POSTAL CODE				
EMAIL	PHONE	FAX	SIGNATURE	DATE
<input type="checkbox"/> I confirm that the lead applicant has an appointment in my organization.				
Administrator of Project Funds				
MR/MRS/MS/DR	NAME	TITLE & DEPARTMENT		ORGANIZATION
MAILING ADDRESS			CITY	PROVINCE
POSTAL CODE				
EMAIL	PHONE	FAX	SIGNATURE	DATE

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PREVIOUS COMPETITION

TEAM OF APPLICANTS			
(Please attach additional pages as necessary)			
Co-Lead Applicant			
MR/MRS/MS/DR	NAME	TITLE & DEPARTMENT	ORGANIZATION
MAILING ADDRESS		CITY	PROVINCE POSTAL CODE
EMAIL	PHONE	FAX	
Co-Applicant			
MR/MRS/MS/DR	NAME	TITLE & DEPARTMENT	ORGANIZATION
MAILING ADDRESS		CITY	PROVINCE POSTAL CODE
EMAIL	PHONE	FAX	
Co-Applicant			
MR/MRS/MS/DR	NAME	TITLE & DEPARTMENT	ORGANIZATION
MAILING ADDRESS		CITY	PROVINCE POSTAL CODE
EMAIL	PHONE	FAX	
Co-Applicant			
MR/MRS/MS/DR	NAME	TITLE & DEPARTMENT	ORGANIZATION
MAILING ADDRESS		CITY	PROVINCE POSTAL CODE
EMAIL	PHONE	FAX	
Co-Applicant			
MR/MRS/MS/DR	NAME	TITLE & DEPARTMENT	ORGANIZATION
MAILING ADDRESS		CITY	PROVINCE POSTAL CODE
EMAIL	PHONE	FAX	
Co-Applicant			
MR/MRS/MS/DR	NAME	TITLE & DEPARTMENT	ORGANIZATION
MAILING ADDRESS		CITY	PROVINCE POSTAL CODE
EMAIL	PHONE	FAX	

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PREVIOUS COMPETITION

DESCRIPTION OF APPLICANT TEAM

PREVIOUS COMPETITION

FEEDBACK

PREVIOUS COMPETITION

PROJECT DETAILS (6 Pages Maximum)

BACKGROUND				
RESEARCH QUESTION(S)				
OBJECTIVES				
POTENTIAL BENEFIT TO HEALTH CARE SYSTEM				
METHODS				
DELIVERABLES				
DISSEMINATION AND KNOWLEDGE TRANSFER PLAN				
TIMELINES				
BUDGET (REQUESTED OF CPSI, MATCHING FUNDS)	CPSI	MATCHING SOURCES		TOTAL
		Cash	In-kind	
Personnel				
Dissemination/Knowledge Transfer				
Operating Costs				
Research Expenses				
Travel				
Capital Equipment				
Budget Totals				
BUDGET JUSTIFICATION				

Application Instructions for Stream 2: Demonstration Projects

Mandatory Registration Deadline: **June 17, 2005 at 1600 MDT**
Application Deadline: **August 2, 2005 at 1600 MDT**

General Information

Lead and Co-Lead Applicants must be employees or affiliates of a Canadian not-for-profit organization (e.g. hospital, health region, university, professional association, etc.). Each project must identify a lead applicant and a co-lead applicant, one of whom should be a decision-maker and one of whom should be a researcher. Project funds must be held by a Canadian not-for-profit health care organization or a Canadian university and these organizations must be legally able to hold research/project funds.

If any further information or clarification is required, please contact CPSI at 780-409-8090.

Completing and Submitting the *Mandatory Registration and Application Forms*

- All applications must be registered. Completed *Mandatory Registration of Project* forms must be received by 1600 MDT on June 17, 2005.
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- The forms are available in electronic format (MS Word) on the CPSI website, under Request for Applications. All applications must be made using these forms.
- Complete all sections carefully and provide all required signatures and letters of support. Please note that adding or removing sections from the forms (unless otherwise stated on the forms) will disqualify the application.
- No revisions to submitted applications will be accepted after the application deadline.
- Proposals must be written in 12 point, Times New Roman text or larger. Modifications made to the margins on the form will disqualify the application from further consideration in the competition.
- Submit six (6) paper copies (counting the original) and 1 electronic copy (on CD) of the completed form and attachments. Copy single-sided and staple once in upper left corner. All required documentation must be attached to each copy of the application. CPSI will not duplicate any material on behalf of the applicant.

Completing the Form

Please ensure you use the Stream 2 application form.

- Checklist section. This section confirms that the required components of the Application Form and attachments are included in the application. Attachments will include:
 - CV of Lead Applicant. This should include only relevant patient safety accomplishments over the past 5 years.
 - Original signatures of Lead Applicant, Executive (i.e. Dean, CEO, Executive Director), and the Administrator of Project Funds
 - Completion of each section of the Application Form (i.e. Project Overview, Signatures, Team of Applicants, Description of Applicant Team, Project Details).
 - Original, signed letter of support from Executive (i.e. CEO, Executive Directors) of each organization providing details of how the organization will sustain the initiative if it is shown successful in improving patient safety.
 - Original, signed letter of support from heads (i.e. CEO, Executive Directors) of each organization providing matching funding. Letters must specify the amount and types of matching funding that their organization has committed to the project.
 - Original, signed letter from head of organization holding the data required for the project. Letter must confirm that the data will be provided to the applicant within the timelines required for the project.
 - Original, signed letter from ethics review body confirming that ethical approval has been provided or indicating a specific date that the ethical review will occur. If ethics approval is not required on the project, this must be stated.
- Project Overview section. When completing this section, please note the following:
 - Project Summary must be no longer than 250 words.
 - “Multiple jurisdictions” refers to more than one province/territory, more than one health delivery organization, etc. participating in the project.
 - Describe the disciplines represented on the team of applicants (e.g. nursing, pharmacy, physicians). Please specify which, if any, of these team members are direct care providers.
- Signatures/Acceptance of Terms section. Original signatures of the Lead Applicant, Executive, and Administrator of Project Funds are required from the organization submitting the application. The Executive is defined as the head of the organization with which the Lead Applicant is affiliated, such as CEO for hospital/health region, or a Faculty Dean. Missing original signatures will disqualify the application from further consideration.
- Team of Applicants section. Each project must identify a lead applicant (in “Signatures/Acceptance of Terms” section) and a co-lead applicant (in the current

section), one of whom should be a decision-maker and one of whom should be a researcher. All co-applicants on the application must be listed in this section. Please do not submit CVs of co-applicants.

- Description of Applicant Team section. This section should be no more than 1 page in length. It should describe the relevant qualifications and experiences of the individual team members, as well as any relevant previous experiences and successes that the individuals have had in working with one another as a team.
- Feedback section. This section is intended to enable the applicants to provide feedback to CPSI on how the application process could be improved in future RFAs. Comments provided will not prejudice the application in the review process.
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 - Background – the general context and justification for the project, including reference to published and unpublished material that substantiates the need for additional research or a demonstration project, the previous work being built upon (including references).
 - Research/Project Question(s) – the question(s) that will be explored in the project.
 - Objectives – the major objectives or aims of the project.
 - Potential Benefit to Health Care System and Ease of Application – to what extent will the project yield new information that will contribute to meaningful and sustainable improvements in patient safety in the Canadian health care system? What is the ease with which such changes can be applied to other health care services, settings, or jurisdictions across Canada?
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 - Release time to enable staff participation on project. Staff release time must be dedicated to the project, and not assignable to other activities of the organization. Release time does not apply to

University researchers who hold tenure or tenure-track positions or career awards nor to fee-for-service clinicians.

- Contract staff/Consultants
- Dissemination/Knowledge Transfer
 - Clearly articulated Knowledge Transfer activities beyond publication in peer-reviewed journals and presentations at scientific meetings.
 - Travel to present results at conferences, meetings, symposia.
 - Printing, website development.
 - Applicants will state how they intend to share all techniques, reports, templates, and other materials within and beyond their jurisdiction and with CPSI so that these may be used broadly by interested health care stakeholders.
- Operating Costs
 - Communications (e.g. teleconference, videoconference).
 - Office Supplies.
- Research Expenses (e.g. article retrieval, database search fees, access to administrative databases).
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- Travel (Government of Canada Treasury Board guidelines must be followed)
 - Project-related travel.
 - No funds will be made available for research administration or research overhead in the funding holding or funding recipient organizations.
 - No funds will be made available for indirect costs of research (e.g. rent).
 - No funds will be made available for service delivery (i.e. those services normally delivered in the care process).
- Budget Justification section – provide justification for large or unusual budget items.

CHECKLIST

- Original signatures.
- Completion of each section of the Application Form.
- CV of Lead Applicant.
- Original, signed letter of support from Executive (i.e. CEO, Executive Directors) of each organization explaining how the initiative will be sustained if shown successful.
- Original, signed letter of support from heads (i.e. CEO, Executive Directors) of each organization providing matching funding.
- Original, signed letter from head of organization holding the data required for the project.
- Original, signed letter from ethics review body.

Stream 2: Demonstration Projects Application Form

PROJECT OVERVIEW				
PROJECT TITLE				
PROJECT SUMMARY (250 WORDS OR LESS)				
PROJECT THEME <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> OTHER (Please Describe _____)			SUBTHEME (if applicable)	
ARE MULTIPLE JURISDICTIONS INVOLVED IN THIS PROJECT? <input type="checkbox"/> Yes (Please list) <input type="checkbox"/> No			IS THE PROJECT TEAM COMPRISED OF MORE THAN ONE DISCIPLINE? <input type="checkbox"/> Yes (Please List) <input type="checkbox"/> No	
DOES THE PROJECT TEAM INCLUDE CONSULTATION WITH ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY.) <input type="checkbox"/> Patients/Clients <input type="checkbox"/> Personal Caregivers <input type="checkbox"/> Members of the Public				
SIGNATURES/ACCEPTANCE OF TERMS				
Lead Applicant				
MR/MRS/MS/DR	NAME	TITLE & DEPARTMENT		ORGANIZATION
MAILING ADDRESS			CITY	PROVINCE
POSTAL CODE				
EMAIL	PHONE	FAX	SIGNATURE	DATE
<input type="checkbox"/> I confirm that I have not received funding for this proposal from any other organization, other than those listed as providing matching funds.				
Executive Endorsement				
MR/MRS/MS/DR	NAME	TITLE & DEPARTMENT		ORGANIZATION
MAILING ADDRESS			CITY	PROVINCE
POSTAL CODE				
EMAIL	PHONE	FAX	SIGNATURE	DATE
<input type="checkbox"/> I confirm that the lead applicant has an appointment in my organization.				
Administrator of Project Funds				
MR/MRS/MS/DR	NAME	TITLE & DEPARTMENT		ORGANIZATION
MAILING ADDRESS			CITY	PROVINCE
POSTAL CODE				
EMAIL	PHONE	FAX	SIGNATURE	DATE

PREVIOUS COMPETITION

TEAM OF APPLICANTS			
(Please attach additional pages as necessary)			
Co-Lead Applicant			
MR/MRS/MS/DR	NAME	TITLE & DEPARTMENT	ORGANIZATION
MAILING ADDRESS		CITY	PROVINCE
POSTAL CODE			
EMAIL	PHONE	FAX	
Co-Applicant			
MR/MRS/MS/DR	NAME	TITLE & DEPARTMENT	ORGANIZATION
MAILING ADDRESS		CITY	PROVINCE
POSTAL CODE			
EMAIL	PHONE	FAX	
Co-Applicant			
MR/MRS/MS/DR	NAME	TITLE & DEPARTMENT	ORGANIZATION
MAILING ADDRESS		CITY	PROVINCE
POSTAL CODE			
EMAIL	PHONE	FAX	
Co-Applicant			
MR/MRS/MS/DR	NAME	TITLE & DEPARTMENT	ORGANIZATION
MAILING ADDRESS		CITY	PROVINCE
POSTAL CODE			
EMAIL	PHONE	FAX	
Co-Applicant			
MR/MRS/MS/DR	NAME	TITLE & DEPARTMENT	ORGANIZATION
MAILING ADDRESS		CITY	PROVINCE
POSTAL CODE			
EMAIL	PHONE	FAX	

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PREVIOUS COMPETITION

DESCRIPTION OF APPLICANT TEAM

PREVIOUS COMPETITION

FEEDBACK

PREVIOUS COMPETITION

PROJECT DETAILS (6 Pages Maximum)

BACKGROUND				
RESEARCH/PROJECT QUESTION(S)				
OBJECTIVES				
POTENTIAL BENEFIT TO HEALTH CARE SYSTEM				
METHODS				
DELIVERABLES				
DISSEMINATION AND KNOWLEDGE TRANSFER PLAN				
TIMELINES				
BUDGET (REQUESTED OF CPSI, MATCHING FUNDS)	CPSI	MATCHING SOURCES		TOTAL
		Cash	In-kind	
Personnel				
Dissemination/Knowledge Transfer				
Operating Costs				
Research Expenses				
Travel				
Capital Equipment				
Budget Totals				
BUDGET JUSTIFICATION				