

Checklist

- CV of team lead, co-lead and first five co-applicants.** *CVs are not to exceed five pages each and must include relevant patient safety accomplishments over the past five years. If the CVs exceed five pages, only the first five pages will be forwarded to the review panel.*
- Contact information and original signatures.** *(Missing original signatures will disqualify the application from further consideration):*
 - Team lead.** *The individual who will be the overall project lead. CPSI will only communicate with the team lead.*
 - Executive.** *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. This individual must be authorized to legally and contractually bind the organization.*
 - Financial lead.** *The individual who will be responsible for the financial administration of the project funds if recommended. They must maintain financial records and provide CPSI with the required annual and final financial statements. Team members cannot act as the financial lead.*
- Completion of each project details section.** *(i.e., short descriptive title, background, research question(s), objectives, potential benefit to the healthcare system and ease of application, methods, deliverables, dissemination and knowledge transfer plan, timelines)*
- Original signed letters:**
 - Co-sponsoring organization(s).** Letter(s) must be signed by the lead(s) (i.e., CEO, Executive Director). Letters must specify the amount of the co-sponsorship and whether the funds are cash or in-kind.
 - Organization holding the data.** Letter(s) must be signed by the head of the organization holding the data required for the project. The letter must confirm that the data will be provided to the applicant within the timelines required for the project.
 - Ethics review.** Letter confirming ethics approval. This letter will be required for all successful applications identified as fundable, prior to the disbursement of CPSI funds. If ethics approval has not been obtained prior to submission, please indicate the name of the proposed ethics review board and the proposal review date.
- Applications must include the original plus three paper copies of the complete application. The copies must be single-sided and stapled once in the 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. Applications submitted by fax will not be accepted.
- In addition, please submit an electronic version of the complete form in MS Word format (excluding attachments) to rfa@cpsi-icsp.ca.

Complete packages must be received at CPSI offices no later than Wednesday, July 12, 2006 at 12:00 p.m. MST. Please courier completed applications to:

**2006 Research Competition
Canadian Patient Safety Institute
Suite 1414, 10235 – 101 Street
Edmonton, AB T5J 3G1
Tel: 866-421-6933**

*** Please refer to the call for additional information when completing the application.**

Please do not alter the format of this form in any way (i.e., remove the text boxes, delete text, or modify margins or font which is pre-set to Times New Roman 12-point font). Applications that do not use the format as presented will be disqualified.

Please complete all sections highlighted in “grey” unless specified.

Signatures/Acceptance of Terms

Team Lead (include CV)

| | | | | | |
|---|----------------|----------|--------------------------|-------------|--|
| Mr./Mrs./Ms./Dr. | | Name | | | |
| Title/Department | | | | | |
| Organization | | | | | |
| Mailing Address | | | | | |
| City | | Province | | Postal Code | |
| Telephone | | Fax | | | |
| E-mail | | | | | |
| <input type="checkbox"/> | Decision Maker | | <input type="checkbox"/> | Researcher | |
| Original Signature | | | | Date | |
| <input checked="" 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

i.e. Dean, CEO, Executive Director — an individual who is authorized to legally bind the organization

| | | | | | |
|--|--|----------|--|-------------|--|
| Mr./Mrs./Ms./Dr. | | Name | | | |
| Title/Department | | | | | |
| Organization | | | | | |
| Mailing Address | | | | | |
| City | | Province | | Postal Code | |
| Telephone | | Fax | | | |
| E-mail | | | | | |
| Original Signature | | | | Date | |
| <input checked="" type="checkbox"/> I confirm that the lead applicant has an appointment in my organization. | | | | | |

Financial Lead

Will be responsible for the financial administration of the project funds. He/she must maintain financial records and provide CPSI with the required annual and final financial statements. Team members cannot act as the financial lead.

| | | | | | |
|--------------------|--|----------|--|-------------|--|
| Mr./Mrs./Ms./Dr. | | Name | | | |
| Title/Department | | | | | |
| Organization | | | | | |
| Mailing Address | | | | | |
| City | | Province | | Postal Code | |
| Telephone | | Fax | | | |
| E-mail | | | | | |
| Original Signature | | | | Date | |



Team of Applicants

A decision maker and researcher must be members of the team.
Five-page CV required for the team lead, co-lead, and first four co-applicants.

Co-Lead (if applicable; include CV)

| | | | | | | | | | | | |
|---|----------------|--------------------------|------------|--------------------------|----------------------|--------------------------|-----|--------------------------|-------------|--|--|
| Mr./Mrs./Ms./Dr. | | | | | | Name | | | | | |
| Title/Department | | | | | | | | | | | |
| Organization | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | |
| City | | | | | Province | | | | Postal Code | | |
| Telephone | | | | | | Fax | | | | | |
| E-mail | | | | | | | | | | | |
| <input type="checkbox"/> | Decision Maker | <input type="checkbox"/> | Researcher | <input type="checkbox"/> | Direct Care Provider | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | |
| Specify discipline (e.g., nursing, pharmacy physician): | | | | | | | | | | | |

Co-Applicant #1 (include CV)

| | | | | | | | | | | | |
|---|----------------|--------------------------|------------|--------------------------|----------------------|--------------------------|-----|--------------------------|-------------|--|--|
| Mr./Mrs./Ms./Dr. | | | | | | Name | | | | | |
| Title/Department | | | | | | | | | | | |
| Organization | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | |
| City | | | | | Province | | | | Postal Code | | |
| Telephone | | | | | | Fax | | | | | |
| E-mail | | | | | | | | | | | |
| <input type="checkbox"/> | Decision Maker | <input type="checkbox"/> | Researcher | <input type="checkbox"/> | Direct Care Provider | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | |
| Specify discipline (e.g., nursing, pharmacy physician): | | | | | | | | | | | |

Co-Applicant #2 (include CV)

| | | | | | | | | | | | |
|---|----------------|--------------------------|------------|--------------------------|----------------------|--------------------------|-----|--------------------------|-------------|--|--|
| Mr./Mrs./Ms./Dr. | | | | | | Name | | | | | |
| Title/Department | | | | | | | | | | | |
| Organization | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | |
| City | | | | | Province | | | | Postal Code | | |
| Telephone | | | | | | Fax | | | | | |
| E-mail | | | | | | | | | | | |
| <input type="checkbox"/> | Decision Maker | <input type="checkbox"/> | Researcher | <input type="checkbox"/> | Direct Care Provider | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | |
| Specify discipline (e.g., nursing, pharmacy physician): | | | | | | | | | | | |

Co-Applicant #3 (include CV)

| | | | | | | | | | |
|--|-----------------------|--------------------------|-------------------|--------------------------|-----------------------------|--------------------------|------------|--------------------------|-----------|
| Mr./Mrs./Ms./Dr. | Name | | | | | | | | |
| Title/Department | | | | | | | | | |
| Organization | | | | | | | | | |
| Mailing Address | | | | | | | | | |
| City | | Province | | Postal Code | | | | | |
| Telephone | | | Fax | | | | | | |
| E-mail | | | | | | | | | |
| <input type="checkbox"/> | Decision Maker | <input type="checkbox"/> | Researcher | <input type="checkbox"/> | Direct Care Provider | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Specify discipline (e.g., nursing, pharmacy physician): | | | | | | | | | |

Co-Applicant #4 (include CV)

| | | | | | | | | | |
|--|-----------------------|--------------------------|-------------------|--------------------------|-----------------------------|--------------------------|------------|--------------------------|-----------|
| Mr./Mrs./Ms./Dr. | Name | | | | | | | | |
| Title/Department | | | | | | | | | |
| Organization | | | | | | | | | |
| Mailing Address | | | | | | | | | |
| City | | Province | | Postal Code | | | | | |
| Telephone | | | Fax | | | | | | |
| E-mail | | | | | | | | | |
| <input type="checkbox"/> | Decision Maker | <input type="checkbox"/> | Researcher | <input type="checkbox"/> | Direct Care Provider | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Specify discipline (e.g., nursing, pharmacy physician): | | | | | | | | | |

Co-Applicant #5 (include CV only if no co-lead listed)

| | | | | | | | | | |
|--|-----------------------|--------------------------|-------------------|--------------------------|-----------------------------|--------------------------|------------|--------------------------|-----------|
| Mr./Mrs./Ms./Dr. | Name | | | | | | | | |
| Title/Department | | | | | | | | | |
| Organization | | | | | | | | | |
| Mailing Address | | | | | | | | | |
| City | | Province | | Postal Code | | | | | |
| Telephone | | | Fax | | | | | | |
| E-mail | | | | | | | | | |
| <input type="checkbox"/> | Decision Maker | <input type="checkbox"/> | Researcher | <input type="checkbox"/> | Direct Care Provider | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Specify discipline (e.g., nursing, pharmacy physician): | | | | | | | | | |

(CV not required for all additional team members)

Co-Applicant #6

| | | | | | | | | | |
|--|-----------------------|--------------------------|-------------------|--------------------------|-----------------------------|--------------------------|------------|--------------------------|-----------|
| Mr./Mrs./Ms./Dr. | Name | | | | | | | | |
| Title/Department | | | | | | | | | |
| Organization | | | | | | | | | |
| Mailing Address | | | | | | | | | |
| City | | Province | | Postal Code | | | | | |
| Telephone | | | Fax | | | | | | |
| E-mail | | | | | | | | | |
| <input type="checkbox"/> | Decision Maker | <input type="checkbox"/> | Researcher | <input type="checkbox"/> | Direct Care Provider | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Specify discipline (e.g., nursing, pharmacy physician): | | | | | | | | | |

Please copy and paste as many co-applicant boxes as you require.

Description of Applicant Team

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 working with one another as a team.

Also provide a brief description of roles, time commitment, and planned contributions to the project.

Description of Applicant Team (1 page maximum)

Project Overview

| | | | |
|--|---------|---|-----|
| Preferred Language of Correspondence for all Communication with CPSI <i>(please type an X in the appropriate box)</i> | | Is this a Resubmission? <i>select only one</i> | |
| <input type="checkbox"/> | English | <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | French | <input type="checkbox"/> | No |
| | | Name of previous lead applicant/team lead | |

| | | | | |
|--|--------------------------|-----|--------------------------|----|
| Original ethics approval attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If no, proposed ethics review board name | | | | |
| If no, proposed review date | | | | |

| | | | |
|---|----------------------------------|--|-----------------|
| Project Theme <i>select only one</i> | | Area of Project Practice <i>select only one</i> | |
| <input type="checkbox"/> | Applied health services research | <input type="checkbox"/> | Hospital |
| <input type="checkbox"/> | Demonstration project | <input type="checkbox"/> | Out of hospital |

| | | | |
|--|------------------------|--|-----------------------|
| Is this a Multi-jurisdictional Project? <i>Refers to participation of more than one province or territory, more than one health delivery organization, etc.</i> | | Does the Project Include Consultation with any of the Following? <i>please check all that apply</i> | |
| <input type="checkbox"/> | Yes <i>please list</i> | <input type="checkbox"/> | No |
| <input type="checkbox"/> | 1. | <input type="checkbox"/> | Patients/clients |
| <input type="checkbox"/> | 2. | <input type="checkbox"/> | Personal caregivers |
| <input type="checkbox"/> | 3. | <input type="checkbox"/> | Members of the public |
| <input type="checkbox"/> | 4. | | |

Project Summary

This should include the project hypothesis, objectives, and general details as to how the project will occur (250 word maximum).

PREVIOUS COMPETITION

Project Details

*Reminder: The total length of the following sections **must not exceed eight pages** (excluding budget justification, attachments, and feedback section). Please do not alter the format of this form in any way (i.e., remove the text boxes, delete text, or modify margins or font which is pre-set to Times New Roman 12-point font). Applications that do not use this format as presented will be disqualified.*

This section comprises the detailed proposal of the application. Please submit information for each heading as described below.

Short Descriptive Title

Background

General context and justification for the project. Include reference to published and unpublished material that substantiates the need for additional research or demonstration project and 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 Healthcare System and Ease of Application

To what extent will the project yield new information that will contribute to meaningful and sustainable improvement in patient safety in the Canadian healthcare system? What is the ease with which such changes can be applied to other healthcare services, settings, or jurisdictions across Canada?

Methods

Overview of the scientific methodology, including detail on the project design, data gathering and analysis, and research evaluation techniques (with confirmed availability).

Deliverables

The planned products, outputs, and reports of the project.

Dissemination and Knowledge Transfer Plan

Detailed explanation of how the applicants will ensure other groups can use the project findings — this plan must go beyond scientific publications and presentations at conferences. Applicants should 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 healthcare stakeholders.

Timelines

Project milestones, start and end dates. Project duration must not exceed 20 months. The project must commence no later than March 1, 2007 and be completed by October 31, 2008.

Budget

Please include all co-sponsoring organizations, indicating their cash and in-kind contributions below. Letters from co-sponsoring organization(s) must be attached to the application to confirm contribution of the matching funds as outlined in the budget below. While there is no limit on co-sponsor(s) contributions, a minimum of 1:1 matching funding is required.

Note that projects requesting \$20,000 or less under Stream 1 (Applied Health Services Research) do not require matching funds.

In-kind funding must be new contributions specifically devoted to the proposed project (i.e., cost of equipment purchased prior to funding application and for other purposes is not eligible).

Budget Summary

| | Cash | In-Kind | Total |
|---|----------|---------|-------|
| 1. CPSI (max. \$120,000) | \$ | | \$ |
| 2. | \$ | \$ | \$ |
| 3. | \$ | \$ | \$ |
| 4. | \$ | \$ | \$ |
| 5. | \$ | \$ | \$ |
| 6. | \$ | \$ | \$ |
| 7. | \$ | \$ | \$ |
| 8. | \$ | \$ | \$ |
| Amount of Total Budget | \$ | \$ | \$ |
| Project duration (20-month maximum): | month(s) | | |

Budget Details Requested of CPSI and Co-Sponsoring Organizations

Please see following page for budget justification and allowable expenses.

| | CPSI | Co-sponsoring Organizations | | Total |
|---|------|-----------------------------|---------|-------|
| | | Cash | In-kind | |
| Personnel | \$ | \$ | \$ | \$ |
| Dissemination/Knowledge Transfer | \$ | \$ | \$ | \$ |
| Operating Costs | \$ | \$ | \$ | \$ |
| Research Expenses | \$ | \$ | \$ | \$ |
| Travel | \$ | \$ | \$ | \$ |
| Capital Equipment (max \$25,000) | \$ | \$ | \$ | \$ |
| Budget Total | \$ | \$ | \$ | \$ |

Budget Justification

Not included as part of the eight-page limit applied to the project details section. Please provide justification for large or unusual budget items.

PREVIOUS COMPETITION

Allowable Expenses

CPSI funding can be used for 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 or to fee-for-service clinicians.*
- *Contract staff/consultants.*

Dissemination/Knowledge Transfer

- *Knowledge transfer activities beyond publication in peer-reviewed journals and presentations at scientific meetings.*
- *Travel to present results at conferences, meetings, symposia*
- *Printing, web site development*

Operating Costs

- *Communications (e.g., teleconferences, videoconferences)*
- *Office supplies*

Research Expenses (e.g., article retrieval, database search fees, access to administrative databases)

Capital Equipment (maximum \$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*

Ineligible Expenses

- *No funds will be made available for research administration or research overhead in the funding administering organization.*
- *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).*

Feedback (optional)

This section is intended to enable the applicants to provide feedback to CPSI on how the application process could be improved in future Research competitions. Comments provided will not prejudice the application in the review process.

PREVIOUS COMPETITION