

Application Checklist

The following is a checklist to help you ensure you have completed and submitted the required components of the application:

- CV of team lead, co-lead and first five co-applicants (for a total of seven CVs maximum), six if there is no co-lead.** 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. Team members cannot act as the Executive.
 - 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 each executive sponsor (i.e., CEO, Executive Director). Letters must specify the amount of the co-sponsorship, must match the figures in the budget section, and must indicate 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. Team members cannot provide this confirmation.
 - 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 completed form in MS Word format (excluding attachments) to rfa@cpsi-icsp.ca.

Please note that the ONLY allowable attachments are:

- required team member CVs;
- letter(s) of support from co-sponsoring organization(s)
- letter from the organization holding the data required for the project confirming data access; and
- letter confirming ethics approval

Any other documents attached to the proposal will NOT be forwarded to the peer/merit review panel for consideration.

Complete packages must be received at CPSI offices no later than Thursday, November 8th, 2007 at 12:00 p.m. MST. Please courier completed applications to:

**2007 Research Competition
Canadian Patient Safety Institute
Suite 1414, 10235 – 101 Street
Edmonton, AB T5J 3G1**

*** Please refer to the 2007 Competition announcement for additional information when completing the application.**

Should you have any questions or need for clarification, please email CPSI at rfa@cpsi-icsp.ca. To ensure consistency of information provided, telephone responses to queries will not be accommodated.

Please do not alter the format of this or other forms in any way (i.e., remove the text boxes, delete text, or modify margins, page length, 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.

2007 Research Competition Application Form

Signatures/Acceptance of Terms

Please complete all sections highlighted in "grey" unless specified.

Team Lead (include CV)

Mr./Mrs./Ms./Dr.		Name	
Title/Department			
Organization			
Mailing Address			
City		Province	Postal Code
Telephone	(xxx) xxx-xxxx ext. xxxx	Fax	(xxx) xxx-xxxx
E-mail			
Please check one or more if applicable		<input type="checkbox"/>	Decision Maker
		<input type="checkbox"/>	Researcher
		<input type="checkbox"/>	Direct Care Provider (Yes/No)
Specify discipline (e.g. nursing, pharmacy, physician)			
Original Signature		Date (mmm/dd/yy)	
<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

i.e. Dean, CEO, Executive Director - an individual who is authorized to legally bind the organization. Team members cannot provide this executive endorsement.

Mr./Mrs./Ms./Dr.		Name	
Title/Department			
Organization			
Mailing Address			
City		Province	Postal Code
Telephone	(xxx) xxx-xxxx ext. xxxx	Fax	(xxx) xxx-xxxx
E-mail			
Original Signature		Date (mmm/dd/yy)	
<input 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	(xxx) xxx-xxxx ext. xxxx	Fax	(xxx) xxx-xxxx
E-mail			
Original Signature		Date (mmm/dd/yy)	

Applicant Team

A Decision Maker and Researcher must be members of the team.

Five-page CVs are required for the team lead, co-lead (if applicable), and first five co-applicants. The maximum number of CVs that are allowable is seven – however this is reduced to six if there is no co-lead.

Co-Lead (if applicable; include CV)

Mr./Mrs./Ms./Dr.		Name			
Title/Department					
Organization					
Mailing Address					
City			Province		
Telephone	(xxx) xxx-xxxx ext. xxxx		Fax	(xxx) xxx-xxxx	
E-mail					
Please check one or more if applicable			Decision Maker		
			Researcher		
			Direct Care Provider (Yes/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		
Telephone	(xxx) xxx-xxxx ext. xxxx		Fax	(xxx) xxx-xxxx	
E-mail					
Please check one or more if applicable			Decision Maker		
			Researcher		
			Direct Care Provider (Yes/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		
Telephone	(xxx) xxx-xxxx ext. xxxx		Fax	(xxx) xxx-xxxx	
E-mail					
Please check one or more if applicable			Decision Maker		
			Researcher		
			Direct Care Provider (Yes/No)		
Specify discipline (e.g. nursing, pharmacy, physician)					

Applicant Team

A Decision Maker and Researcher must be members of the team.

Five-page CVs are required for the team lead, co-lead (if applicable), and first five co-applicants. The maximum number of CVs that are allowable is seven – however this is reduced to six if there is no co-lead.

Co-Applicant #3 (include CV)

Mr./Mrs./Ms./Dr.		Name			
Title/Department					
Organization					
Mailing Address					
City			Province		
Telephone	(xxx) xxx-xxxx ext. xxxx		Fax	(xxx) xxx-xxxx	
E-mail					
Please check one or more if applicable			Decision Maker		
			Researcher		
			Direct Care Provider (Yes/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		
Telephone	(xxx) xxx-xxxx ext. xxxx		Fax	(xxx) xxx-xxxx	
E-mail					
Please check one or more if applicable			Decision Maker		
			Researcher		
			Direct Care Provider (Yes/No)		
Specify discipline (e.g. nursing, pharmacy, physician)					

Co-Applicant #5 (include CV)

Mr./Mrs./Ms./Dr.		Name			
Title/Department					
Organization					
Mailing Address					
City			Province		
Telephone	(xxx) xxx-xxxx ext. xxxx		Fax	(xxx) xxx-xxxx	
E-mail					
Please check one or more if applicable			Decision Maker		
			Researcher		
			Direct Care Provider (Yes/No)		
Specify discipline (e.g. nursing, pharmacy, physician)					

Applicant Team

A Decision Maker and Researcher must be members of the team.

Five-page CVs are required for the team lead, co-lead (if applicable), and first five co-applicants. The maximum number of CVs that are allowable is seven – however this is reduced to six if there is no co-lead.

(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	(xxx) xxx-xxxx ext. xxxx		Fax	(xxx) xxx-xxxx	
E-mail					
Please check one or more if applicable			<input type="checkbox"/> Decision Maker		
			<input type="checkbox"/> Researcher		
			<input type="checkbox"/> Direct Care Provider (Yes/No)		
Specify discipline (e.g. nursing, pharmacy, physician)					

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

PREVIOUS COMPETITION

Description of Applicant Team

Please provide a brief description of key roles, time commitment, and planned contributions to the project as well as relevant qualifications and experiences.

Description of Applicant Team (2 page maximum)

--

PREVIOUS COMPETITION

Project Overview

Preferred Language of Correspondence <i>(please check the appropriate box)</i>	<input type="checkbox"/>	English
	<input type="checkbox"/>	French
If application is in French, please check your preference for translation services:	<input type="checkbox"/>	3 rd party translation commissioned by CPSI
	<input type="checkbox"/>	Your own translator at the rate of \$0.25/word
Is this a Resubmission? <i>select only one</i> <i>If this is a resubmission please provide us with the name of the previous team lead and the previous file number</i>	<input type="checkbox"/>	Yes/No
	<input type="checkbox"/>	

Copy of ethics approval attached	<input type="checkbox"/>	Yes/No
If no, proposed ethics review board name and review date		

Project Stream <i>select only one</i>	<input type="checkbox"/>	Applied Health Services Research
	<input type="checkbox"/>	Demonstration Project
Competition Themes <i>select one or more as applicable to your project</i>	<input type="checkbox"/>	Engaging patients and families in strategies for improving patient safety
	<input type="checkbox"/>	Evaluation of strategies for facilitating open and effective disclosure of adverse events to patients and their families
	<input type="checkbox"/>	Strategies that support reporting of adverse events and the implementation/evaluation of targeted actions for improving the safety of care delivered at the organization or health care system level
	<input type="checkbox"/>	Identification, prevention, or mitigation of adverse events from diagnostic error (including omission) in health care
	<input type="checkbox"/>	Identification, prevention or mitigation of adverse events in mental health care settings. Please note, for this particular topic, only demonstration projects or primary research will be considered. Syntheses on this topic will not be entertained in this competition.
	<input type="checkbox"/>	The design and/or implementation of effective interventions specifically aimed at improving safety incorporating the knowledge of human factors and other relevant knowledge
	<input type="checkbox"/>	Evaluation or demonstration of mechanisms for improving patient safety by focusing on handoffs/transitions in care and communication between caregivers, teams or organizations
	<input type="checkbox"/>	Identification, prevention or mitigation of adverse events from medication use in community-based settings (i.e. Home care, Long-term Care and Primary health care)

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>	<input type="checkbox"/>	Yes/No <i>(If yes, please list jurisdictions)</i>
	<input type="checkbox"/>	
Is this a Multi-disciplinary project? <i>Refers to participation of more than one disciplines i.e.: pharmacy, nursing etc...</i>	<input type="checkbox"/>	Yes/No <i>(if yes, please list disciplines)</i>
	<input type="checkbox"/>	
Does the project include consultation with any of the following? <i>please check all that apply</i>	<input type="checkbox"/>	Direct Care Providers
	<input type="checkbox"/>	Patients/Clients
	<input type="checkbox"/>	Personal Caregivers
	<input type="checkbox"/>	Members of the Public
	<input type="checkbox"/>	Students

Project Summary

This should summarize the project and include hypothesis, objectives, high-level methodology as well as deliverables (1 page maximum).

PREVIOUS COMPETITION

Project Details

*Reminder: The total length of the following sections **must not exceed eight pages** (excluding budget justification, references, allowable 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, page length, 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 references to published and unpublished material that substantiates the need for additional research or demonstration.

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 conference presentations. Provide innovative plans to share all techniques, reports, templates, and other materials within and beyond the project's jurisdiction(s) and stakeholders and with CPSI so that these may be used broadly by interested healthcare stakeholders.

Project Details

Project Plan and Timelines

Key project milestones, specific start and end dates of each, including data collection phase. Project duration must not exceed 20 months. The project must commence no later than May 31, 2008 and be completed by January 31, 2010.

--

PREVIOUS COMPETITION

Proposed 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 confirming contribution of the matching funds and must include reference to the amounts listed below. While there is no limit on co-sponsor(s) contributions, a minimum of 1:1 matching funding is required.

Note that Applied Health Services Research Projects (Stream 1) requesting CPSI contributions of less than or equal to \$20,000 do not require matching funds.

In-kind funding must be in the form of 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)		

Details for Budget 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 <i>(maximum 25% of budget)</i>	\$	\$	\$	\$
Budget Total	\$	\$	\$	\$

Budget Justification

*Please provide justification for budget items to enable reviewers to assess reasonability of the request. This section is **not** included as part of the eight-page limit applied to the project details section.*

PREVIOUS COMPETITION

References

Please use this space to provide a list of references (one page maximum). This section is not included as part of the eight-page limit applied to the project details section.

PREVIOUS COMPETITION

Allowable Project Costs

CPSI funding can be used for the following types of expenditures:

Personnel

- *Funds to cover the cost of dedicated staff participation on project.*
- *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 (to a maximum of 25% of the budget)

- *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 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)*
- *Release time of university Researchers who hold tenure or tenure-track positions or career awards or fee-for-service clinicians.*

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 will not be provided to the peer/merit review panel and will not prejudice the application in the review process.

PREVIOUS COMPETITION