

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 maximum of seven CVs if there is a co-lead, 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.
 - Executive.** The executive is defined as the head of the organization with which the team lead 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.** This is 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 organization's executive sponsor (i.e., CEO, Executive Director). Letters must specify the amount of the co-sponsorship (the amount must match the figures in the budget section) and must indicate whether the funds are cash or in-kind. Team members cannot act as the signatory for these letters.
 - 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(s) confirming ethics approval(s). 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.

2009 CPSI RESEARCH COMPETITION APPLICATION FORM

- Applicants must submit 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, applicants must 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(s) from the organization holding the data required for the project confirming data access; and
- letter(s) confirming ethics approval.

All other relevant information must be included within the application form. 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 the CPSI office no later than
November 17, 2009 at 12:00 p.m. MT.**

Please courier completed applications to:

**2009 CPSI Research Competition
Canadian Patient Safety Institute
Suite #1414, 10235 101 Street
Edmonton, AB T5J 3G1**

Please refer to the 2009 Competition Announcement and the Frequently Asked Questions document 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.

2009 CPSI 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

The applicant team must include a Decision Maker and a Researcher. Consultants that will be engaged by the team are not to be included as members of the Applicant 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		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)				

Co-Applicant #1 (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)				

Co-Applicant #2 (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)				

Applicant Team

The applicant team must include a Decision Maker and a Researcher. Consultants that will be engaged by the team are not to be included as members of the Applicant 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	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)			

Co-Applicant #4 (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)			

Co-Applicant #5 (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)			

Applicant Team

The applicant team must include a Decision Maker and a Researcher. Consultants that will be engaged by the team are not to be included as members of the Applicant 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 #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)			

Co-Applicant #7

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)			

Co-Applicant #8)

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)			

For additional co-applicants, please submit the full contact information on a separate page.

Description of Applicant Team

Please provide a brief description (2 pages maximum) of key roles, time commitment, and planned contributions to the project as well as relevant qualifications and experiences. Identify the main Researcher and main Decision Maker. In addition, the role of any consultants to the team should be included here.

Description of Applicant Team (Page one)

Description of Applicant Team

Please provide a brief description (2 pages maximum) of key roles, time commitment, and planned contributions to the project as well as relevant qualifications and experiences. Identify the main Researcher and main Decision Maker. In addition, the role of any consultants to the team should be included here.

Description of Applicant Team (Page two)

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 of the Project Details and budget justification sections of the application	<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>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 <input type="checkbox"/> No
	Lead name:
	File #:
Ethics approval attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, proposed ethics review board name and review date	Review Board Name:
	Proposed 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"/> Evaluating the implementation of the Safe Surgery Checklist – Canadian Version (see safesurgerysaveslives.ca). Particular consideration will be given to teams evaluating the process of implementation, effect(s) on culture, and the impact on operating room adverse events.
	<input type="checkbox"/> Identification, prevention or mitigation of adverse events in community based settings such as long term care, mental health, emergency medical services, or primary care.
	<input type="checkbox"/> Evaluating change management approaches to determine the most effective methods for improving patient safety.
	<input type="checkbox"/> Effectively engaging patients and families in patient safety improvement initiatives.
	<input type="checkbox"/> Assessing the type, prevalence and incidence of adverse events in the health system arising from limited health literacy of patients.
	<input type="checkbox"/> The use of information technology for improving patient safety.
	<input type="checkbox"/> Other <i>(please specify)</i> :
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 <input type="checkbox"/> No <i>(If yes, please list jurisdictions)</i>
Is this an interdisciplinary project? <i>Refers to participation of more than one disciplines i.e.: pharmacy, nursing etc...</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, please list disciplines)</i>
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"/> Informal Caregivers

Project Overview

	<input type="checkbox"/>	Members of the Public
	<input type="checkbox"/>	Students

PREVIOUS COMPETITION

Project Summary

Summarize the project including the 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 proposed budget, 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. Note: any pages in excess of 8 pages in the Project Details section will be removed from the application and not considered in the review of the application nor will the information be forwarded to the Peer/Merit Reviewers.*

Short Descriptive Title

Background- maximum of 1 page

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.

Project Details

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 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 July 30, 2010 and be completed by March 28, 2012.

Proposed Budget

This section is **not** included as part of the eight-page limit applied to the project details section

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 30% matching funding is required for Applied Health Services Research Projects (Stream 1), and 1:1 matching funding is required for Demonstration Projects (Stream 2).

Note that Applied Health Services Research Projects (Stream 1) requesting CPSI contributions of less than or equal to \$40,000 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

Co-Sponsor Name	Cash	In-Kind	Total
1. CPSI	\$		\$
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$
5.	\$	\$	\$
6.	\$	\$	\$
7.	\$	\$	\$
8.	\$	\$	\$
Amount of Total Budget (including CPSI)	\$	\$	\$
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.

Budget Category	CPSI	Co-sponsoring Organizations		Overall Total by Category
		Total Cash	Total In-kind	
Personnel	\$	\$	\$	\$
Dissemination/Knowledge Transfer	\$	\$	\$	\$
Operating Costs	\$	\$	\$	\$
Research Expenses	\$	\$	\$	\$
Travel	\$	\$	\$	\$
Capital Equipment <i>(maximum 25% of total budget)</i>	\$	\$	\$	\$
Budget Total	\$	\$	\$	\$

Budget Justification

*Please provide justification for budget items requested from CPSI AND from co-sponsoring organizations to enable reviewers to assess reasonability of the request (two pages maximum). This section is **not** included as part of the eight-page limit applied to the project details section.*

Budget Justification (Page one)

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PREVIOUS COMPETITION

Budget Justification

*Please provide justification for budget items requested from CPSI AND from co-sponsoring organizations to enable reviewers to assess reasonability of the request (two pages maximum). This section is **not** included as part of the eight-page limit applied to the project details section.*

Budget Justification (Page two)

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PREVIOUS COMPETITION

References

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

References (Page one)

PREVIOUS COMPETITION

References

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

References (Page two)

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 hired to work on the project (for example, research assistants, coordinators, etc).
- 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.

Direct 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

- Team members are not eligible to be paid through the project budget.
- Personnel time for the team lead or co-lead cannot count as in-kind contributions.
- No funds will be made available for research administration or research overhead in the grant holding or grant 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 or salary support for faculty within a post secondary academic institution such as a University, College, Technical Institute or other education institutions who educate current or future health care providers.
- Researchers who hold career awards or fee-for-service clinicians.
- Release time or salary support for team members whose current job description includes conducting or participating in research.

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