

The Economics of Patient Safety Application Form

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 signatures.** (Electronic signatures will be accepted):
 - 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 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, objectives, methods and approach, potential benefit to the healthcare system and ease of application, deliverables, dissemination and knowledge transfer plan, timelines)
- Original signed letters:**
 - Organization providing any additional funding.** If additional funding has been secured for the project, a letter is required from the organization that states the amount of funds to be used for the project.
 - Ethics review.** Letter confirming ethics approval. This letter will be required 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 one original and three hard copies to CPSI. 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 from the organization providing any additional funding; and
- if available, letter confirming ethics approval (or indicating when the review will occur)

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 CPSI offices no later than
November 17, 2009 at 12:00 p.m. MT.**

Please courier completed applications to:

**RFA: The Economics of Patient Safety
Canadian Patient Safety Institute
Suite #1414, 10235 101 Street
Edmonton, AB T5J 3G1**

**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.

Economics of Patient Safety 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
Specify discipline (e.g. nursing, pharmacy, physician)			
Signature		Date (mmm/dd/yy)	
<input type="checkbox"/> I confirm that I have not received funding for this proposal from any other organization.			

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			
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			
Signature		Date (mmm/dd/yy)	

Applicant Team

The team must include at least one Decision Maker and one Researcher.

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
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
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
Specify discipline (e.g. nursing, pharmacy, physician)			

Applicant Team

The team must include at least one Decision Maker and one Researcher.

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			<input type="checkbox"/>	Decision Maker	
			<input type="checkbox"/>	Researcher	
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			<input type="checkbox"/>	Decision Maker	
			<input type="checkbox"/>	Researcher	
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			<input type="checkbox"/>	Decision Maker	
			<input type="checkbox"/>	Researcher	
Specify discipline (e.g. nursing, pharmacy, physician)					

Applicant Team

The team must include at least one Decision Maker and one Researcher.

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		
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		
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		
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.

Description of Applicant Team (Page one)

PREVIOUS COMPETITION

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.

Description of Applicant Team (Page two)

PREVIOUS COMPETITION

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

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:

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>

Project Details

*Reminder: The total length of the following sections **must not exceed six 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.*

Short Descriptive Title

Objectives

The major objectives or aims of the project.

Methods and Approach

Describe the methods and approach to be used to meet the stated objectives.

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?

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 Plan and Timelines

Key project milestones, specific start and end dates of each, including data collection phase. Project duration must not exceed 12 months. The project must commence no later than April 2010 and be completed by March 2011.

Proposed Budget

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

Details for Budget Requested of CPSI

Please see following page for budget justification and allowable expenses.

Maximum allowable funds from CPSI, 3M and Baxter is **\$120,000**.

Should funding beyond \$120,000 be necessary to complete this project, please identify the name of the additional confirmed funders and the amounts each will contribute to each budget category.

Budget Category	CPSI, 3M and Baxter	Other Funders (if applicable)	Total
Personnel	\$	\$	\$
Dissemination/Knowledge Transfer	\$	\$	\$
Operating Costs	\$	\$	\$
Research Expenses	\$	\$	\$
Travel	\$	\$	\$
Capital Equipment (maximum 10% of budget)	\$	\$	\$
Budget Total	\$	\$	\$

Budget Justification

*Please provide justification for all budget items to enable reviewers to assess reasonability of the request (two pages maximum). This section is **not** included as part of the six-page limit applied to the project details section.*

Budget Justification (Page one)

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PREVIOUS COMPETITION

Budget Justification

*Please provide justification for all budget items to enable reviewers to assess reasonability of the request (two pages maximum). This section is **not** included as part of the six-page limit applied to the project details section.*

Budget Justification (Page two)

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 six-page limit applied to the project details section.*

References (Page one)

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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 six-page limit applied to the project details section.*

References (Page two)

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PREVIOUS COMPETITION

Allowable Project Costs

Funding (from all sources) can be used for the following types of expenditures:

Personnel

- *Funds to cover the cost of dedicated staff hired to participate on project.*
- *Contract staff/consultants (these individuals are not considered members of the investigative team).*

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 10% 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 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*
- *Release time for decision makers to participate on the team unless they are being replaced in their existing roles while they participate on the team.*

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

PREVIOUS COMPETITION