MICHAEL SMITH FOUNDATION
FOR HEALTH RESEARCH

Discover. Connect. Engage.

2018 IMPLEMENTATION SCIENCE TEAM COMPETITION

GUIDELINES

DEADLINES:

LETTER OF INTENT: **APRIL 16, 2018, 4:30 P.M. PT**

FULL APPLICATION: **MID-JANUARY, 2019**

Last updated: **March 01, 2018**

MICHAEL SMITH FOUNDATION
FOR HEALTH RESEARCH

Discover. Connect. Engage.

Contents

1. Preface 3
2. Purpose 3
3. Background 3
4. Objectives 6
5. Eligibility Requirements 7
6. Funding Amount and Duration 8
7. Commitment from the Host Institution 9
8. Collaborator Participation 9
9. Program Support 9
10. Reporting Requirements 11
11. Review Process 11
12. Award Start Date and Deferral 14
13. Key Competition Dates 15
14. How to Apply 15
15. Contact Information 18
16. Appendix A – Eligible Expenses 19

1. Preface

The Michael Smith Foundation for Health Research (MSFHR), funded by the province of British Columbia, is BC's health research funding agency. MSFHR helps develop, retain and recruit the talented people whose research improves the health of British Columbians, addresses health system priorities, creates jobs and adds to the knowledge economy. Learn more at www.msfhr.org.

2. Purpose

The MSFHR Implementation Science Team Program supports the study of implementation (i.e., implementation science) of a health, health system or health care intervention[1] that addresses one or more BC health system priorities (see section 3.2). The program allows for studies of varying scope, depending on the readiness of the clinical or public health intervention(s), implementation strategy, and/or the setting's capacity for change. Thus, teams may focus on initial implementation of a proven intervention in one site, or scale-up[2] of an effective intervention to serve more people at the same site or engage additional sites. The primary findings of interest will focus on implementation outcomes, as opposed to public health, intervention- and/or patient-level outcomes.

3. Background

3.1 Implementation Science

For the purposes of this funding opportunity, MSFHR defines implementation science as the scientific study of methods that promote the systematic uptake of research findings and other evidence-based practices into routine practice or policy, and, hence, to improve population health and/or the quality and effectiveness of health services and care[3]. Implementation science can address any aspect of implementation, including the factors affecting application and distribution, the processes of implementation themselves, and the outcomes or end-products of the implementation framework under study.

[1] An evidence-based program, strategy or product designed to produce changes in behaviour that ultimately improves or promotes health and well-being among an individual or a population, and is ready to be put into effect or practice within specific healthcare settings.
[2] A process that involves deliberate efforts to increase the impact of successfully tested interventions to benefit more people and foster longer term benefits. It can refer to increased scope and size of a single intervention, or implementation of an intervention (adapted as necessary) in one or more additional sites. Adapted from *Factors that Influence the Scale Up and Spread of Innovations*, AHRQ Health Care Innovations Exchange, https://innovations.ahrq.gov/perspectives/factors-influence-scale-and-spread-innovations [Accessed July 2017].
[3] Adapted from Eccles and Mittman (2006) Welcome to Implementation Science. *Implementation Science* **1**:1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1436009/

At its core, implementation science examines the process of delivering and adapting interventions to settings different from the ones in which they were originally developed and tested, as these are not always transferable to other settings without additional tools and guidance to support further uptake and implementation[4]. Implementation science can also include recognizing and understanding circumstances that require the de-implementation of interventions that are not evidenced-based, may have been prematurely adopted, or have been determined to be harmful or wasteful[5]. Ultimately, implementation science examines what works to bring about change, how specific health interventions can be better adapted to different regions, cultures, genders, or conditions, under what socio-economic conditions interventions work and for whom, and, if applicable, how the impact of interventions can be scaled up.

For additional resources on implementation science, visit:

- National Implementation Research Network: http://nirn.fpg.unc.edu/resource-search
- TDR Implementation Research Toolkit: http://adphealth.org/irtoolkit/
- Global Implementation Initiative: https://globalimplementation.org/resources/
- Fogarty International Center Resources for Implementation Science Researchers: https://www.fic.nih.gov/About/center-global-health-studies/neuroscience-implementation-toolkit/Pages/resources.aspx
- Implementation Research in Health: A Practical Guide: http://www.who.int/alliance-hpsr/resources/implementationresearchguide/en/
- Writing implementation research grant proposals: ten key ingredients (Proctor et al., 2012): https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-7-96
- An introduction to implementation science to the non-specialist (Bauer et al., 2015): https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4573926/

MSFHR will also presenting a webinar providing our research community with an introduction to implementation science. The webinar will be held on February 22, 2018 at 11:00 am. To register, please visit the following link: https://register.gotowebinar.com/register/6081837906520125699

[4] Peters *et al.* (2013) Implementation research: what is it and how to do it. BMJ 2013;347:f6753. https://doi.org/10.1136/bmj.f6753.
[5] MEASURE Evaluation Implementation Research Technical Working Group (2012) Fundamentals of Implementation Research. MEASURE Evaluation, U.S. Agency for International Development (USAID). https://www.measureevaluation.org/resources/publications/ms-12-55.

3.2 BC Health System Priorities

Research and innovation are integral to the delivery of a patient-centred, high performing and sustainable health system in BC. To achieve system level change and continuous improvement of outcomes and health services, both the 'what' and the 'how' of that change must be addressed. Implementation science is a powerful means of generating knowledge about health system innovation and transformation, particularly as it increasingly seeks to bridge the gap between research and its uptake into evidence-informed policy. To help inform health system planning and decision making, MSFHR has designed the Implementation Science Team Program to support the achievement of five BC health system priorities:

1. **Enhance access to effective primary health care:** Primary health care is the BC health system's critical entry point for patients. Moving away from a focus on acute hospital care to a system of primary and community care will enable patients to get help sooner and more effectively. To get there BC is setting up "primary care homes" as a cornerstone of the healthcare system. This priority is intended to support research on practice and service delivery innovations and initiatives designed to improve accessibility and quality of primary and community care.
2. **Services for seniors with complex medical conditions:** BC has the fastest-growing population of seniors in Canada. As this population ages, the likelihood of chronic conditions goes up, and with it the need for health services. This priority focuses on research designed to enable the provision of high-quality care for seniors that improves their health outcomes and helps them stay active, slowing the onset or deterioration of chronic illness and lessening the need for early entry to residential care or hospital.
3. **Mental health/substance use care:** Typically one in five British Columbians experiences mental health and/or substance use issues. However, most children, youth and adults with mild to moderate mental health and/or substance use issues can be helped through community-based services. This priority focuses on research designed to support the provision of community-based care and services to children, youth and adults with mental health and/or substance use issues. This includes services and interventions such as primary care homes, medical psychiatric care, community outreach, assisted living and residential services, enhanced medication management and access to diagnostic and hospital services.
4. **Services for patients needing surgery:** Demand for surgery continues to grow in BC. The province's growing and aging population, and even improved surgical procedures that give patients access to previously unavailable options, are contributing to this demand, which can lead to longer wait times. This priority focuses on research focused on reducing wait times for scheduled surgeries and improving patients' and families' entire process of surgical care. For the Implementation Science Team Program, the Ministry of Health has also identified timely access to appropriate surgical treatments and procedures as a key research priority.

5. **Rural and remote health care services:** The rural and remote population in BC is small and dispersed, and has poorer health outcomes than their urban counterparts. There are many unique challenges to providing and accessing health care services in our rural and remote regions. This priority focuses on research aimed at improving access and quality of health services for rural patients.

Cross-cutting these system priorities is consideration of the health of Indigenous people in BC and their access to health care services.

For additional information on the BC health system priorities, visit: http://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/health-priorities/setting-priorities-for-bc-health.

4. Objectives

The primary objectives of the Implementation Science Team Program are to:

- Improve the implementation and adoption of evidence-based, implementation-ready interventions that address one or more of the BC health system priorities.
- Support teams of health researchers and research users[6] to plan, conduct, and study the implementation of health interventions using appropriate implementation science methodologies.
- Enhance BC's implementation science capacity.
- Improve health and health services by fostering the systematic uptake of research findings and evidence-based practices into policy and practice.

[6] Individuals who might use, benefit, or be impacted by the results of research, but are not necessarily involved in their production. These include, but are not limited to: physicians, nurses, patients, family members, community leaders, decision makers, other researchers, etc.

5. Eligibility Requirements

To apply, the primary applicant must:

- The primary applicant (i.e., the one who launches and submits the letter of intent) must be a researcher that holds an appointment at a BC university, health authority or research institute that holds a memorandum of understanding with MSFHR as a host institution[7]. The appointment must allow the applicant to:
    - Apply for and hold peer-reviewed funds as a principal investigator
    - Be a research supervisor for graduate and post-graduate trainees
    - Publish their research results

  The primary applicant is designated as a researcher co-lead for the project, by default.

- At least two members must be research users, one of whom must be designated as a project co-lead.
- The team must include at least one trainee[8], with a clear plan for building that trainee's expertise in implementation science through participation in the team. The trainee must be under the supervision of a researcher co-lead, i.e., the primary applicant or other researcher co-lead.
- The team must include an executive sponsor – that is, a research user who is a senior decision maker (executive director or higher) within the BC health system. The executive sponsor is required to complete an Executive Sponsor Form at the full application stage that describes their commitment to the study and to implementation science more generally, and to their readiness and capacity to implement the intervention/program within the health system.
- Proposals must address one or more BC health system priority areas (section 3.2).
- For studies involving implementation at multiple sites, the majority of these must be within BC.

Note: Applicants can only serve as the primary applicant on <u>one</u> application, but can be designated as a team member in up to <u>two</u> applications total per competition.

MSFHR reserves the right to declare applications ineligible.

[7] For a list of current eligible institutions, see www.msfhr.org/sites/default/files/MOU_List.pdf.

[8] An undergraduate or graduate student, or postdoctoral fellow or equivalent engaged in a formal training or educational program.

6. Funding Amount and Duration

The budget envelope for this competition is $2,600,000, enough to fund up to five projects, one in each of the BC health system priority areas, if possible. The Implementation Science Team program consists of two phases, a **Development Grant** and a **Project Grant**.

6.1 Development Grant

Each team will submit a letter of intent (LOI) for the Development Grant. Up to ten teams will be identified following peer review of the LOI, and awarded a Development Grant valued at $10,000 for a duration of six months. The purpose of this initial funding is to provide support for activities related to the development of research teams and their projects in preparation for an implementation science project. Teams will be tasked with preparing their full Project Grant applications during this phase, and will be required to send at least three representatives to a mandatory strengthening workshop (see section 8). Examples of activities that may be supported by the Development Grant include, but are not limited to:

- Meetings or workshops for the purpose of clarifying team members' roles and refining the research design
- Identifying and engaging relevant stakeholders (e.g., holding a workshop or forum, or conducting interviews) to inform the design of the team's implementation science project
- Reviewing the relevant literature to inform the theory, methods and evidence underpinning the team's project
- Gathering pilot data that will contribute to the proposed study
- Developing an integrated KT plan

6.2 Project Grant

The Project Grant is the primary funding component of the Implementation Science Team Program. Up to five teams will be identified for funding following peer review of the full application. Project Grant funds support implementation science projects that may focus on initial implementation of a proven intervention in one site, or scale-up of an effective intervention to serve more people at the same site or additional sites, so as to improve the quality and effectiveness of health, health services and care.

Project Grants are valued at $500,000 over a three-year period. All funds are in Canadian dollars.

Note: Project Grant funds are for the study of implementation and are not intended to cover the costs associated with implementing the intervention or the intervention itself. Funding for these are considered outside of the scope of this funding opportunity and must be secured through other sources, if required (see Appendix A for details). Funds **may not** be used for pilot research studies (e.g., proof-of-principle research or efficacy testing of the intervention). Refer to Appendix A for detailed information on the eligible and ineligible expenses associated with this funding opportunity.

7. Commitment from the Host Institution

The selected host institution will be responsible for administering the award funds.

The applicant's host institution must ensure that MSFHR funds are only used to support any of the eligible expenses as described in Appendix A in support of the proposed implementation science project.

8. Collaborator Participation

MSFHR encourages applicants, when appropriate, to engage other organizations and stakeholders to:

- Contribute to knowledge exchange and translation or play a role in the conduct of the research or research-related activities; and/or
- Enhance the availability of funding for the proposed implementation science study through additional cash or in-kind[9] support.

Collaborations identified by the applicant within the Project Grant full application must be documented in a signed letter of collaboration that states the level and nature of participation and/or support, and the importance of the contribution to the success of the project.

9. Program Support

Implementation science is an evolving and complex field. To help researchers and research users deepen their knowledge of implementation science, MSFHR will offer various forms of applicant support during the Implementation Science Team competition. These will include the following:

[9] Cash-equivalent goods or services that represent an incremental expense the partner would not normally incur, and which would have to be purchased by award funds if not donated. This can include research and technical staff, providing direction and direct participation in the project, or the provision of access to specialized and/or proprietary equipment, tools or technology.

- Introduction to implementation science webinar: This webinar will introduce the basics of implementation science, including the differences between implementation science and practice, current methodologies, and its use within the health system context. The webinar will be held February 22, 2018 at 11 am. To register, please visit: https://register.gotowebinar.com/register/6081837906520125699.
- 2018 Implementation Science Team program information webinar: This webinar will include details on the different program components, purpose and objectives, eligibility criteria, and application and peer review processes. This webinar will be held shortly after the official launch of the Implementation Science Team competition. Information on the date and time, and how to access the webinar will be posted on the MSFHR website.
- In-person strengthening workshop (for Development Grant recipients only): The purpose of this workshop is to provide Development Grant recipients with a deeper immersion into implementation science theories, models and frameworks. It is intended to help them strengthen the design of their implementation science projects in preparation for the Project Grant phase. This two-day workshop will be facilitated by implementation science experts. It is anticipated to be held in Vancouver early within the funding period of the Development Grant (early fall 2018). For this workshop:
    - At least three members of the project team will be required to attend, including one researcher or research user co-lead and one trainee. As the composition of each team will differ, MSFHR will work with applicants to ensure that the best representatives for each team are able to attend.
        - Travel and accommodation costs for up to three BC-based team members to attend the strengthening workshop will be covered by MSFHR.
        - Teams who wish to have members from outside of BC attend the workshop, or who would like to have additional team members attend will be required to cover these costs out of Development Grant funds, or other means.

  Details regarding the workshop will announced at a later date and posted on the MSFHR website.

- MSFHR knowledge translation resources: The knowledge translation (KT) team at MSFHR can provide general advice around KT planning, implementation science and implementation practice. The KT team can also point applicants to resources to help them in preparing their proposals. For questions or advice specific to individual applications, the MSFHR KT team may direct applicants to others outside the Foundation. For more information about MSFHR's KT team, please visit www.msfhr.org/our-work/activities/knowledge-translation.

In addition to support throughout the application phase, Project Grant recipients will be part of a provincial cohort of Implementation Science Team researchers and research users who will have access to additional resources and activities facilitated and/or supported by MSFHR.

10. Reporting Requirements

Development Grant recipient are required to submit a financial statement of expenditures, signed by the researcher co-lead (primary applicant) and an authorized financial officer of the host institution, is required within **three months** following the grant end date.

Project Grant recipients are required to complete annual progress reports, and provide up-to-date Canadian Common CV (CCV) to MSFHR on an annual basis, if applicable. MSFHR will provide information on reporting requirements.

A final report and financial statement of expenditures, signed by the grant recipient (primary applicant) and an authorized financial officer of the host institution, will be required within **three months** following the grant end date. Any unexpended funds must be returned to MSFHR. MSFHR will provide reporting information and/or materials for these purposes.

MSFHR reserves the right to contact Implementation Science Team Project Grant recipients after the grant end date to determine the short and middle-term outcomes and/or impacts of the Project Grant.

Additionally, to inform evaluation and continued improvement of our research funding programs, grant recipients will be invited to provide feedback to MSFHR staff to determine areas of improvement for this funding opportunity.

11. Review Process

The Implementation Science Team competition consists of a two-stage review process: 1) the Development Grant letter of intent (LOI) and 2) the Project Grant full application.

11.1 Development Grant Letter of Intent

LOIs will be adjudicated. Only those applicants whose LOIs are successful at this stage will be awarded a Development Grant valued at $10,000 for a duration of six months, followed by submission of a full application. Up to ten LOIs will be identified via peer review at this stage with the aim to fund at least one award in each of the BC health system priority areas. However, the ultimate

allocation of funds across the five priorities will depend on the applications received and the outcomes of the peer review process.

LOIs will be initially screened for eligibility by MSFHR staff, and those that satisfy all eligibility criteria will undergo review by a panel of reviewers that are independent from and external to MSFHR. Feedback from the review panel will be included with results of the LOI review.

Applications will be evaluated via a process that incorporates six principles of peer review: integrity, accountability, transparency, balance, confidentiality and impartiality. For further details, please visit http://www.msfhr.org/funding/review-process.

The information presented in the LOI Evaluation Criteria and LOI Rating Scale sections below will be used for the LOI review process. All LOIs will be assessed against a defined set of criteria in three categories: 1) relevance and potential impact, 2) quality of team, and 3) research approach. The overall score for an application will be the sum of the scores for the three categories.

LOI Evaluation Criteria

LOI applications will be assessed against the indicated criteria and weightings below:

Criterion	Weighting
Relevance & potential impact	30%
Quality of team	40%
Research approach	30%

A full description of the LOI evaluation criteria can be found on our website.

Rating Scale

Descriptor	Range	Outcome
Outstanding	4.5 – 4.9	**May be funded** (min. score of 3.8)
Excellent	4.0 – 4.4	
Very good	3.5 – 3.9	
Adequate	3.0 – 3.4	**Not fundable**
Less than adequate	0 – 2.9	

LOI Decision

Following LOI peer review, the highest rated LOI applications will be identified for each BC health system priority (section 3.2). Ten LOIs will be identified via peer review at this stage with the aim to fund at least one award in each of the BC health system priority areas. However, the ultimate allocation of funds across the five priorities will depend on the applications received and the outcomes of the peer review process.

All applicants will be notified of the outcome of the review process upon its completion. There is no appeal process. Applicants will receive notification of the funding decision for this stage, as well as the summaries of reviewers' comments. A list of successful Development Grant recipients will be published on MSFHR's website.

11.2 Project Grant Full Application

Project Grant applications will be initially screened for completeness by MSFHR staff, and then sent for review by a panel of reviewers independent from and external to MSFHR. The information presented in the Project Grant Evaluation Criteria section below will be used for the full application review process. Applications will be assessed against a defined set of criteria in three categories: 1) relevance & potential impact, 2) quality of team, and 3) research approach. The overall score for an application will be the sum of the scores for the three categories. The rating scale of applications at this stage is identical to that for the LOI.

A full description of the Project Grant application evaluation criteria will be posted on the MSFHR website at a later date.

Project Grant Full Application Decision

Following peer review, the highest rated full application will be identified for each BC health system priority (section 3.2) and recommended for funding, although this will ultimately depend on the number of fundable applications received for each health system priority area, and outcomes of the peer review process.

All applicants will be notified of the outcome of the review process upon its completion. There is no appeal process. Applicants will receive notification of the funding decision for this stage, as well as the summaries of reviewers' comments. A list of successful Project Grant recipients will be published on MSFHR's website.

12. Award Start Date and Deferral

Unless otherwise indicated, funding for the Implementation Science Team Development Grant will begin July 1, 2018. Successful applicants must confirm their acceptance of the award within the stipulated time indicated in the award notification package. The start date may not be deferred.

The anticipated start date for the Implementation Science Team Project Grant is May 1, 2019. Successful applicants must confirm their acceptance of the award within the stipulated time indicated in the award notification package. The start may be deferred up to a **maximum of 12 months**. The start date must be on the first day of any month and be no later than May 1, 2020. Deferred start dates, once confirmed by MSFHR, cannot be revised. Details regarding the Project Grant conditions of award will be made available closer to the start of Development Grant funding for successful teams.

13. Key Competition Dates

Action	Target date
Competition launch	Mid-February 2018
LOI deadline	April 16, 2018, 4:30 p.m. PT
Anticipated notice of LOI decision	Late-June 2018
Anticipated start of Development Grant	July 1, 2018
Full application due	Mid-January 2019
Anticipated notice of decision	Early April 2019
Anticipated start of Project Grant	May 1, 2019

14. How to Apply

The application process is composed of two mandatory stages: submission of a Development Grant letter of intent (LOI) and, for teams who are successful at the LOI stage, the Project Grant application. All applications must be submitted online through MSFHR ApplyNet, MSFHR's online grants management system.

1. Development Grant Letter of Intent (LOI)
    - **Deadline date: April 16, 2018, 4:30 p.m. PT**
    - Consists of the LOI form in MSFHR ApplyNet, which includes:
        - Research Approach – four page summary of the proposed Implementation Science project. This includes research questions and objectives, the research design, and a description of the intervention being implemented
        - A detailed team description
        - Common CV – MSFHR Abbreviated Version – last five years only (primary applicant)
        - List of Publications, Patents & Intellectual Property Rights – last five years only (uploaded as an attachment to CCV; primary applicant)
        - Development Grant budget template
        - Department Head (or equivalent) Form in MSFHR ApplyNet

- Researcher Co-Lead Form in MSFHR ApplyNet (if applicable, other than primary applicant)
- Research User Co-Lead Form in MSFHR ApplyNet

For the Development Grant LOI, teams must demonstrate an appropriate composition of researchers and research users in fields relevant to the proposed study, and demonstrate sufficient collective expertise in implementation science. Implementation research studies typically involve interdisciplinary cooperation and collaboration, utilizing theories, data and methods from a variety of fields not traditionally associated with health research. Applicants should consider the following when assembling their teams:

- The inclusion of research users of the knowledge (e.g., clinicians, policy makers, health system leaders, patients).
- Links with relevant decision makers (e.g., health care professionals, educators, managers, policy makers, patient groups).
- Since the identified health system or health care intervention(s) must be implementation-ready and committed to by the relevant health system organization(s), some or all team members must be actively engaged in activities linked to implementation processes within relevant settings.

LOIs will be adjudicated by a panel of reviewers. Only those teams whose LOIs are successful at this stage will be awarded a Development Grant valued at $10,000 for a duration of six months, followed by submission of the full application.

2. Project Grant application
   - **Deadline date: Mid-January 2019**
   - Consists of the Project Grant application in MSFHR ApplyNet, which includes:
     - Research project proposal and associated appendices[10], which includes:
       - Conceptual model to be used and justification for it
       - Preliminary evidence for intervention to be studied
       - Stakeholder engagement strategy
       - Analytical methodologies
       - Evaluation framework and indicators
       - Setting of study
       - Leverage or support from environment

[10] References, charts, figures, tables and photographs only.

- Budget
- Canadian Common CV – MSFHR Abbreviated Version – last five years only (primary applicant)
- List of Publications, Patents & Intellectual Property Rights – last five years only (primary applicant)
- Department Head (or equivalent) Form in MSFHR ApplyNet
- Researcher Co-Lead Form in MSFHR ApplyNet (if applicable, other than primary applicant)
- Research User Co-Lead Form in MSFHR ApplyNet
- Executive Sponsor Form
- Letter of support from research user co-lead's organization
- Letters of collaboration[11] (if applicable)

It can be challenging to prepare a high-quality implementation science proposal that adequately demonstrates an applicant's capacity to conduct the proposed study. It is highly recommended that applicants refer to Proctor et al. (2012)[12] for tips on how to prepare grant applications in the field of implementation science.

Application Instructions for the full application stage will be posted on the MSFHR website at a later date. Please note that the primary applicant, i.e. the one who submits the Project Grant application, must be a researcher co-lead.

Please ensure that applications are complete and submitted by MSFHR's application deadline. Incomplete or late applications cannot be considered.

Note: Each host institution has its own internal deadline that is earlier than that of MSFHR. Please check with your host institution for more information.

[11] A collaborator is an individual who participates at some point in the overall research project and may make a significant contribution to the intellectual direction of the research or research-related activity, and who may play a significant role in the conduct of the research or research-related activities.
[12] Proctor *et al.* (2012) Writing implementation research grant proposals: ten key ingredients. *Implementation Science* **7:**96. http://www.implementationscience.com/content/7/1/96.

14.1 Submission Requirements

- All steps of the application must be submitted using MSFHR ApplyNet, the Foundation's online application submission system.
- All documents uploaded onto MSFHR ApplyNet must be in .pdf format. No other formats will be accepted.
- As an applicant, you will be able to access a .pdf copy of the application to review the information you have entered.
- It is the applicant's responsibility to review the .pdf copy of the application prior to submission to ensure that all uploads and data entered are complete and accurate. Once an application is submitted, it cannot be modified in any way.

All primary applicants and co-leads applying for the first time to MSFHR will be required to register on MSFHR ApplyNet and create a system account email and password. Additional information on MSFHR ApplyNet can be found in the MSFHR ApplyNet FAQ document.

15. Contact Information

For questions regarding the application and submission process, please contact:

Kate Wilczak
Manager, Research Competitions
604.714.2777
helpdesk@msfhr.org

For more information about the MSFHR ApplyNet system or help with login information, please contact:

MSFHR Help Desk
604.714.6609
helpdesk@msfhr.org

16. Appendix A – Eligible Expenses

Applicants must provide justification for the amount of funding being requested, including a breakdown of estimated costs for eligible expenses, within the provided budget template in MSFHR ApplyNet. Eligible costs must be incurred within the funding period. MSFHR will not support any expenses incurred prior to, or after completion of, the funding period.

The primary purpose of this MSFHR funding opportunity is to support the costs of developing and carrying out an implementation science research project for an evidence-based intervention that addresses one or more of the BC health system priority areas. It is recognized, however, that some intervention-related costs may be required as part of the research project in order to demonstrate effectiveness and suitability for specific settings and contexts. If intervention related costs are requested, they must be fully justified within the budget template and demonstrated to be essential in the context of the research project.

Human Resources

Eligible Expenses

- Partial salary support up to a maximum of $25,000 per annum per individual for the following team members working directly on the proposed implementation science project:
    - Research users, for their release time to participate in the proposed project
    - Research staff (e.g., research associates, research assistants, clinical assistants, etc.)
- Fees or honoraria for the preparation of background materials (e.g., environmental scans, assembling of preliminary or pilot data, etc.)
- Participant recruitment fees

Ineligible Expenses

- Stipends for students and trainees (please see the **Services and Supplies** section regarding eligibility for one-time payments for trainees for services rendered)
- Partial or full salary support for researchers including buy-out/release time from work, teaching, clinical or administrative duties
- Costs relating to staff hiring or training
- Other fees and/or honoraria with the exception of those noted above

Services and Supplies

Eligible Expenses

- Direct costs of the research for which the funds were awarded, such as research equipment, materials and supplies, consultant fees, data analysis services, etc.
    - Research trainees may be paid to complete services directly related to and integral to the success of the proposed project, but must clearly position payments as a one-time expense for services rendered. Ongoing stipends for trainees are ineligible expenses.
- Meeting rooms and associated meeting costs (e.g., audio-visual equipment fees, videoconference fees, registration services, etc.)
- Office costs including supplies, communications, stationery, photocopying, software and network or internet access directly related to the proposed research project

Ineligible Expenses

- Costs for the purchase or maintenance of general equipment (e.g., computers, overhead projectors, printers/faxes, etc.)
- General administrative and facility operating costs inherent in managing human resources, finances, supplies, laundry, etc. (normally funded by the host institution)
- Capital costs (including furniture and equipment)
- Renting/leasing costs for accommodation and/or furniture for support office(s)
- Costs of operating the facilities: heating, ventilation, air conditioning, water, electricity, etc.
- Liability, fire and other insurances
- Costs associated with developing a new intervention or to pay the cost of interventions or their scale-up
- Other expenses already funded by another grant (MSFHR-funded or otherwise), e.g., publication costs, open access fees, etc.

Travel and Sustenance

Eligible Expenses

- Travel and accommodation for invited researcher(s) or research user(s) integral to the implementation science research project
- Travel for collaborative trips or similar meetings integral to the development and carrying out of the implementation science research project
- Hospitality costs (non-alcoholic refreshments or meals) for networking or collaborative purposes in the context of research-related activities, or assemblies that facilitate and contribute to the achievement of the research objectives (e.g., meeting with partners, stakeholders, community leaders)

Ineligible Expenses

- Travel for candidates under recruitment consideration, or for relocation purposes
- Travel to attend conferences, workshops, symposia, congresses
- Passport and immigration fees
- Reimbursement for airfare purchased with personal frequent flyer points

All items not specified should be deemed as non-eligible expenses unless prior approval from MSFHR is received. If the applicant can demonstrate the added value and make a case for an item identified as an ineligible expense, then MSFHR will evaluate the merit of the argument. Such a case must be made before the expense is incurred.