



MICHAEL SMITH FOUNDATION
FOR HEALTH RESEARCH

BC's health research funding agency

Grant ID: 18756
Applicant: Yuliya Tester
Host Institution: MSFHR-DO NOT USE
Competition: 2019 Convening and Collaborating (C2)
Task: Complete Full Application (C2)
Submitted: 4/5/2019 12:01:44 PM

CONTACT INFORMATION

Name	Ms. Yuliya Tester
Organization Affiliations	MSFHR-DO NOT USE
E-mail Address	ystester16@gmail.com
Address	123 T st Vancouver, BC V3A1W2
Phone	123-456-7891 Ext.
Degrees	PHD, Simon Fraser University (to be completed in May 2018), 2018,
Web Address	
Health Professional	No - N/A

HOST INSTITUTION

Primary	Role	Organization	City	Country
Yes	Host Institution	MSFHR-DO NOT USE	Vancouver	Canada

ACTIVITY INFORMATION

Activity Title	Please enter the title of your convening and collaborating project or activity. (100 characters)
Brief Summary	Please enter a short description of your proposed convening and collaborating project or activity, highlighting key elements and outcomes you hope to achieve. The lay summary should be written in plain language so as to guide MSFHR staff in the facilitation of the peer review process, and provide reviewers with an introduction to your proposal.

KEYWORDS

Keywords	Aging, Evidence-based Practice/Policy, Behavioral and Social Studies, Alzheimer's Disease, Dementia
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Activity Details (2019C2)

Please answer the questions below to provide further details about the proposed meeting(s).	
1. Will you be holding one or a series of meetings?	One
2. Is the meeting(s) public or private?	Public
3. If applicable, list partners you have secured for the meeting(s).	If applicable, list partners you have secured for the meeting(s).
4. List the date(s) (MM/YY) that you anticipate the meeting(s) to be held.	List the date(s) (MM/YY) that you anticipate the meeting(s) to be held.

BC HEALTH SYSTEM PRIORITIES - RT

Is your research project related to any of the following BC health system priority areas?	
1. Primary and community care	Primary
2. Services for patients with complex medical conditions and/or frail patients (including dementia)	Primary
3. Mental health and/or substance use	Secondary
4. Surgical services (including perioperative services)	NotRelated
5. Rural and remote health care services	Secondary
Is your current program of research related to Indigenous health?	
Indigenous health (including First Nations health)	NotRelated
If your research involves First Nations communities, please briefly describe your data management plan and how it accommodates the principles of OCAP®. Please see https://fnigc.ca/ocapr.html for further details. If your research does not involve First Nations communities, please enter "Not applicable".	If your research involves First Nations communities, please briefly describe your data management plan and how it accommodates the principles of OCAP®. Please see https://fnigc.ca/ocapr.html for further details. If your research does not involve First Nations communities, please enter "Not applicable".



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Briefly describe how your program of research addresses the BC health system priority area(s).

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THIRD PARTY

Applicant

Primary	Role	Name	Organization Name
Yes	Principal	Yuliya Tester,	MSFHR-DO NOT USE

Third Party

Role	Name	Organization Name
Department Head	First Tester,	MSFHR-DO NOT USE
Research User Co-Lead	Second Tester,	MSFHR-DO NOT USE

ADDITIONAL INFORMATION

Previous MSFHR Awards (2019)

Does this work build on existing work funded by an MSFHR award? Please indicate "Yes" or "No".

If yes, please provide: 1) Award name, and 2) Award number

Level of Participation (2019)

Indicate your level of participation in the proposed work (e.g., hours/week, FTE percentage).

Qualifications and Experience (2019)

Briefly describe why your experience and qualifications make you particularly well-suited for your role in co-leading the activity/ies that is/are the subject of the proposal, making sure to highlight relevant research. (2500 characters).

Selected Publications and Reports (2019C2)

Provide a list of publications relevant to the area of research that will be supported by C2 activities.

Please limit the list of selected publications or manuscripts in press to no more than fifteen (15). Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on recency, importance to the field, and/or relevance to the proposed activity/ies. (5000 characters).

Team Description (2019)

1. List all additional team members involved in the planning and execution of the proposed work beyond the other Co-Lead, including each member's:

- a. Name and position
- b. Organization affiliation
- c. Designation as a researcher or research user. Identify which team members are trainees.

2. Specify each team member's role and area of expertise so as to demonstrate that the team composition is appropriate within the context of the proposed work. Include the level of participation (e.g., hours/week, FTE percentage, etc.) anticipated for each team member listed.

(5000 characters)

Purpose (2019C2)

Describe the purpose and significance of the proposed work, i.e., what is the problem or issue being addressed? (1250 characters)

Objectives (2019)

Describe the objectives of the proposed work and how each will be met. (1250 characters)

Response to Reviewers (2019C2)

If you were unsuccessful in applying to the MSFHR C2 competition with the same proposal in the past, please provide a response to your previous reviews. If this is your first time applying, please enter "Not Applicable" in the text box below. (2500 characters)

Evidence-Informed Justification (2019)

Provide evidence-informed justification for the proposed work. This may be based on literature and/or related work carried out by the team and/or research user team members' experience/expertise in the proposed area of work. Include references if desired. (2500 characters)

Description of Proposed Activity (2019C2)

Provide a detailed description of the convening and collaborating activities for the proposed work. This may include, but not limited to, the following:

- A. Description of the proposed format of a meeting(s) or activity(ies), including location(s).
- B. Proposed meeting(s) or activity(ies) program(s) and/or agenda(s).
- C. The names and affiliations of key meeting participants (researchers and research users) who will be attending the meeting(s) or activity(ies).

(5000 characters)

Expected outcomes/outputs (2019C2)

Describe the primary expected outcomes and/or outputs of the proposed convening and collaborating project or activity, and how your team will measure and evaluate them. (1250 characters)

Engagement of Researchers and Research Users (2019)

How will engagement between researchers and research users continue and/or be monitored, so as to ensure future collaboration beyond the time of this award? (1250 characters)

Building KT capacity (2019)

How will the research trainee(s)'s participation enhance their KT experience and skills? How will this experience increase overall KT capacity? (1250 characters)

Are you within 5 years of your terminal research degree? (2019)

Yes

How did you find out about this Program? (2019)

How did you find out about this Program? (e.g., MSFHR website, MSFHR mailing list, posting in research office, etc.)

UPLOADS

The following pages contain the uploads provided by the applicant:

Upload Type	File Name	Uploaded By	Uploaded Date
Work Plan and Timeline	Workplan and Timeline.pdf	Shapova, Yuliya	04/05/2019
Detailed Budget	2019+C2+Budget+Template.pdf	Shapova, Yuliya	04/05/2019
Letter of Support (Cash or In-Kind)	Letter of Support.pdf	Shapova, Yuliya	04/05/2019

Work plan and Timeline

BUDGET

- List details on costs for all human resources, services and supplies, travel, and other eligible expenses. The budget should include appropriate tax.
- The total budget must **NOT** exceed \$15,000. Please review **Appendix A** in the 2019 C² competitions guidelines for a list of eligible and ineligible expenses.
- If resources from other sources will be used to complement specific expenses funded by the C² award (e.g., in-kind or cash contributions), please list them in the last column (Requested or received from other sources).
- Please note that approval must be sought from MSFHR prior to making changes in excess of twenty (20) percent to any one line item listed in the budget submitted with the original application, or the addition of a new budget item. Failure to inform MSFHR of these changes may result in withdrawal of the award.
- Too add more lines, please insert rows in the respective categories.

Note: Expenses already funded by another grant (MSFHR-funded or otherwise) cannot be deferred to an MSFHR C² Award.

A. Human Resources	Amount Requested From MSFHR	Justification	Requested or received from other sources (specify source)
Example: Honorarium for guest speaker(s) (up to \$500 CDN per speaker)			
TOTAL Human Resources	\$ -		
B. Services and Supplies	Amount Requested From MSFHR	Justification	Requested or received from other sources (specify source)
TOTAL Services and Supplies	\$ -		
C. Travel	Amount Requested From MSFHR	Justification	Requested or received from other sources (specify source)
TOTAL Travel	\$ -		
D. Other (specify)	Amount Requested From MSFHR	Justification	Requested or received from other sources (specify source)
TOTAL Other	\$ -		
Tax			
TOTAL REQUESTED FROM MSFHR	\$ -		

Letter of Support