

Organization Affiliations	2
Health Professional	2
Host Institution	2
Research Location	2
Team Quality and Engagement	3
Team Members	3
Quality of Proposed Work	4
BC Health System Priorities	5
Previous MSFHR Awards	6
Budget	8
Letters of Support	9

SAMPLE

Prefix: Dr.

First Name: Shannon

Middle Name:

Last Name: Tester

Organization Affiliations

Organization	Department	Job Position
MSFHR-DO NOT USE	Medicine	Physician

Health Professional

Do you have formal training or credentials as a health professional?

Yes

Name of health profession

Other

Other health profession

Psychiatric nurse

Host Institution

MSFHR-DO NOT USE

Research Location

Research Location

MSFHR-DO NOT USE

How did you find out about this Program?

MSFHR Website

If you responded "Other," please specify

Team Quality and Engagement

Are you within 10 years of your health professional degree (e.g. MD, DDS, MPT, etc)?

Yes

Are you within 5 years of your terminal research degree (e.g. MSc, PhD, etc.)

No

Level of Participation

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

100 characters

Qualifications and Experience

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 application.

1250 characters

Team Members

Name	Primary Organization Affiliation	Position Title	Researcher/Research User/Trainee	Description of Roles
Team Member One	Organization	Title	Research User	Description of Role
Team Member Two	Organization	Title	Trainee	Description of Role

Building KT Capacity in Trainees

How will the identified Trainee/s be included in this project in a meaningful way to enhance their KT experience and skills? How will this experience increase overall KT capacity in BC?

1250 characters

Engagement of Researchers and Research Users

How will engagement between researchers and research users continue and/or be monitored to ensure future collaboration after the award term ends?

1250 characters

Third Parties

Name	Email	Invitation Status	Activity Status
March Tester	marchtester2019@yahoo.com	Accepted	Scheduled
June Tester	junetester16@gmail.com	Accepted	Submitted

Quality of Proposed Work

Project Title

Project Title (190 character limit)

Lay Summary

Please enter a short description of your proposed dissemination convening or collaborating event, highlighting key elements and outcomes you hope to achieve. The lay summary should be written in plain language to guide MSFHR staff in the facilitation of the peer review process, and provide reviewers with an introduction to your proposal.

The summary must be written in a way that a non-specialist and non-scientific audience can understand. It is an integral part of your funding application, and if successful will be posted to the MSFHR website and used to share information about the valuable research supported by public funds.

For guidance on writing plain language summaries, please see our KT Encounters blog (<https://www.msfr.org/news/blog-posts/plain-language-summaries>) from health literacy researcher Iva Cheung. The MS Society of Canada also has a useful guide for writing lay summaries (<https://mssociety.ca/uploads/files/guide-to-writing-lay-summary-eng-final20130726.pdf>).

Keyword One: Aging

Keyword Two: Frailty

Keyword Three:

Keyword Four:

Keyword Five:

Keywords

BC Health System Priorities

Is your current proposed work related to any of the following BC health system priority areas?

1. Primary and community care

Primary focus of research (direct implications for the priority area)

2. Services for patients with complex medical conditions and/or frail patients (including dementia)

Primary focus of research (direct implications for the priority area)

3. Mental health and/or substance use

Secondary focus of research (indirect implications for the priority area)

4. Surgical services (including perioperative services)

Research not related to the priority area

5. Rural and remote health care services

Secondary focus of research (indirect implications for the priority area)

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

Your convening and collaborating activities must align with at least one BC Health System Priority.

1250 characters

Is your current program of research related to Indigenous health?

Secondary focus of research (indirect implications for the priority area)

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/ocap> for further details.

* 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/ocap> for further details.

1250 characters

Previous MSFHR Awards

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

Yes

Award Name: Scholar

Award Number: 16439

Response to Previous Reviews

If you were unsuccessful in applying to the MSFHR Convening & Collaborating Competition in the past and are submitting an application on the same proposed work, please provide a response to your previous reviews. Please quote the feedback which you are responding to. Your response should address issues identified in the previous review and provide solutions/corrective actions even if the current project contains changes from the previous submission.

If this is your first time applying to MSFHR's Convening & Collaborating Competition, please enter "Not applicable."

2500 characters

Purpose

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

1250 characters

Objectives

Describe the objectives of the proposed work and how each will be met.

1250 characters

Evidence-Informed Justification

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 Work

Provide a detailed description of the convening and collaborating activities for the proposed work. Be sure to include the following:

Description of the proposed format for the activity(ies), including location(s).

Proposed program and/or agenda.

The names and affiliations of key meeting participants (researchers and research users) who will be attending.

How team members will be involved in the development and implementation of proposed activities.

5000 characters

Proposed Meeting(s)

Will you be holding one or a series of meetings?

Series

Is/are the meeting(s) public or private?

Public

If applicable, list partners you've secured for the meeting(s).

1000 characters

If known, list the date(s) (MM/YY) that you anticipate the meeting(s) to be held.

1000 characters

Expected Outcomes and/or Outputs

Describe the expected outcomes and/or outputs of the proposed convening and collaborating activities, and what impacts they may have on health research, the health system and/or the health of British Columbians as they relate to the BC health system priorities.

2500 characters

Budget

Human Resources

Description	Amount	Justification	Requested or received from other sources (specify source). If not applicable, enter "N/A."	Outside funding and/or in-kind contributions. If not applicable, enter "N/A."
Description of Human Resources expense	\$4,500.00	Justification	If applicable, otherwise enter N/A	If applicable, otherwise enter N/A
Total:	\$4,500.00			

Services and Supplies

Description	Amount	Justification	Requested or received from other sources (specify source). If not applicable, enter "N/A."	Outside funding and/or in-kind contributions. If not applicable, enter "N/A."
Description of Service or Supply expense	\$3,000.00	Justification	If applicable, otherwise enter N/A	If applicable, otherwise enter N/A
Total:	\$3,000.00			

Travel

Description	Amount	Justification	Requested or received from other sources (specify source). If not applicable, enter "N/A."	Outside funding and/or in-kind contributions. If not applicable, enter "N/A."
Description of Travel expense	\$4,500.00	Justification	If applicable, otherwise enter N/A	If applicable, otherwise enter N/A
Total:	\$4,500.00			

Other

Description	Amount	Justification	Requested or received from other sources (specify source). If not applicable, enter "N/A."	Outside funding and/or in-kind contributions. If not applicable, enter "N/A."
Description of Other expense	\$3,000.00	Justification	If applicable, otherwise enter N/A	If applicable, otherwise enter N/A
Total: \$3,000.00				

Totals

Grand Total Requested from MSFHR	
Grand Total	\$15,000.00

Letters of Support

Letters of Support (Cash or In-Kind Contributions), if applicable

Letters_of_Support_Upload_Guide.pdf 70.1 KB - 03/18/2020 1:47pm
--

Total Files: 1

SAMPLE

Letter(s) of Support Upload

A signed letter of support is required for partners secured by the applicant who provide cash or in-kind contributions in support of the activities described in the application.

Letters of support must:

- Include how the partner is involved in the proposed work
- Describe the potential benefits the partner may derive from participating in the proposed work
- Detail any cash or in-kind contributions

SAMPLE