

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
Proposed Work	6
Dissemination Activity(ies)	7
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 Mailing List

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	Scheduled

Quality of Proposed Work

Project Title

Project Title (190 character limit)

Lay Summary

Please enter a short description of your proposed dissemination event, activity, or tool, 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>).

1250 characters

Keyword One: Health Policy

Keyword Two: Health Services

Keyword Three: Adolescent Health

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

Secondary focus of research (indirect 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

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

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

If your research is not related to any of the BC Health System Priorities, please enter "Not applicable."

1250 characters

Is your current program of research related to Indigenous health?

Primary focus of research (direct 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".

No

Response to Previous Reviews

If you were unsuccessful in applying to the MSFHR Reach 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 Reach Competition, please enter "Not applicable."

2500 characters

Proposed Work

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

Related Research and Supporting Evidence

Explain briefly the significance of the research area of focus. What is the significance of the research area to BC health and/or the health system? Include references where appropriate.

2500 characters

Description of Proposed Work

Provide a description of the dissemination event, activity or tools to be developed and/or implemented, as well as a timeline for the proposed work. Be sure to include the following:

A description of the format of the dissemination event, activity or tools.

A proposed program and/or agenda, if applicable.

The desired audience and how the proposed work will benefit them.

How researchers and research users will be involved in the co-development and implementation of the proposed work.

5000 characters

Dissemination Activity(ies)

Will you be holding one or a series of dissemination activity(ies)?

One

Will the dissemination activity(ies) be public or private?

Private

If applicable, list partners you've secured for the dissemination activity(ies).

1250 characters

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

1250 characters

Expected Outcomes/Outputs

Describe the primary expected outcomes and/or outputs of the proposed dissemination activity, tool or product, and how your team will measure and evaluate them.

1250 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	\$5,000.00	Justification	if applicable, otherwise write N/A	if applicable, otherwise write N/A
Total:	\$5,000.00			

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 expense	\$1,000.00	Justification	if applicable, otherwise write N/A	if applicable, otherwise write N/A
Description of Supply expense	\$4,000.00	Justification	if applicable, otherwise write N/A	if applicable, otherwise write N/A
Total:	\$5,000.00			

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	\$1,000.00	Justification	if applicable, otherwise write N/A	if applicable, otherwise write N/A
Total:	\$1,000.00			

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	\$4,000.00	Justification	if applicable, otherwise write N/A	if applicable, otherwise write N/A
Total: \$4,000.00				

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 1:43pm
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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