Organization Affiliations ........................................................... 2
Health Professional ..................................................................... 2
Host Institution .......................................................................... 2
Research Location ...................................................................... 2
Team Quality and Engagement .................................................... 2
Team Members ........................................................................... 3
Quality of Proposed Work .......................................................... 4
Project Information ...................................................................... 4
Previous Health Research BC Awards ......................................... 5
Proposed Work ........................................................................... 5
Budget ........................................................................................ 7
Letters of Support ........................................................................ 8
Date Submitted to Host: 04/05/2022 11:01 AM

Prefix: Dr.

First Name: Second

Last Name: Tester

Personal Pronouns

She/Her/Hers

Organization Affiliations

<table>
<thead>
<tr>
<th>Organization</th>
<th>Department</th>
<th>Job Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Research BC-DO NOT USE</td>
<td></td>
<td>Head of Everything</td>
</tr>
</tbody>
</table>

Health Professional

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

Yes

Name of health profession

Pharmacist

Host Institution

Health Research BC-DO NOT USE

Research Location

Health Research BC-DO NOT USE

Team Quality and Engagement
Team Members

Qualifications and Experience

Briefly describe why your experience and qualifications make you particularly well-suited for your role in leading the activities that are proposed in this application.

2500 characters left

Knowledge Translation Activities

What knowledge translation activities have you currently and previously engaged in? Please highlight any activities relevant to this project.

2500 characters left

Team Members List

<table>
<thead>
<tr>
<th>Name</th>
<th>Primary Organization Affiliation</th>
<th>Position Title</th>
<th>Researcher/Research User/Trainee</th>
<th>Description of Role and Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Member 1</td>
<td>Organization 1</td>
<td>Title 1</td>
<td>Researcher</td>
<td>Researcher is responsible for X portion of work</td>
</tr>
<tr>
<td>Team Member 2</td>
<td>Organization 2</td>
<td>Title 2</td>
<td>Research User</td>
<td>Research User is responsible for Y portion of work</td>
</tr>
<tr>
<td>Team Member 3</td>
<td>Organization 3</td>
<td>Title 3</td>
<td>Trainee</td>
<td>Trainee is responsible for Z portion of work</td>
</tr>
</tbody>
</table>

Trainee Role

Please describe what role the trainee(s) will have in the project. How will their inclusion provide professional development opportunities, including opportunities to develop their leadership experience and KT skills? Indicate their level of participation in the proposed work (e.g., hours/week, FTE percentage).

1250 characters left

Engagement of Researchers and Research Users

How will researchers and research users work together to collaboratively plan and implement the proposed activities?

1250 characters left

Third Parties
Please click on the THIRD PARTY section on the left navigation pane to enter contact information for the following individuals: 1. Research User Co-Lead 2. Department Head

Your third parties must submit their own tasks. You may monitor this table below in your application to see the status of their activities. The Activity Status will change to “Submitted” once they have submitted their tasks. You will not be able to submit your own application to your host institution until their tasks are submitted.

If you have just added or updated information in the Third Party tab click the Save My Work button to save your changes, at which point their information will populate below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Invitation Status</th>
<th>Activity Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kendra Tester</td>
<td><a href="mailto:kendratester2019@gmail.com">kendratester2019@gmail.com</a></td>
<td>Invited</td>
<td></td>
</tr>
<tr>
<td>Spring Tester</td>
<td><a href="mailto:springflower0817@gmail.com">springflower0817@gmail.com</a></td>
<td>Invited</td>
<td></td>
</tr>
</tbody>
</table>

Quality of Proposed Work

Project Information

Project Title

Character limit: 190 characters

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 Health Research BC 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 Health Research BC website and used to share information about the valuable research supported by public funds.

For guidance on writing plain language summaries, you may find these resources helpful:
- Health Research BC KT Encounters blog post from health literacy researcher Iva Cheung (click here)
- BC SUPPORT Unit plain language guide (click here)
- MS Society of Canada guide for writing lay summaries (click here)

1250 characters left

Keywords

Keyword One: Aging
Does your proposed research have a central focus on Indigenous Health?

No

Previous Health Research BC Awards

Does this work build on existing work funded by a Health Research BC award? Please indicate "Yes" or "No".

No

Previous Applications

No

Proposed Work

Purpose and Objectives

Describe the purpose and objectives of the proposed activities and explain how they align with the purpose of this funding opportunity.

1250 characters left

Description of Proposed Work

Provide a description of the dissemination activities to be developed and implemented. Be sure to include the following:
- A brief description of the research evidence that forms the basis for the proposed work. Include references where appropriate.
- How these proposed activities are appropriate for the intended audience, and how the activities will benefit them.

6000 characters left

Work Plan and Timeline
Expected Outcomes/Outputs

Describe the expected outcomes and outputs of the proposed activities, including how they could impact health research, the health system, and the health of British Columbians.

2000 characters left
### Budget

#### Human Resources

<table>
<thead>
<tr>
<th>Description of HR item</th>
<th>Amount</th>
<th>Justification</th>
<th>Requested or received from other sources (specify source). If not applicable, enter &quot;N/A.&quot;</th>
<th>Outside funding and/or in-kind contributions. If not applicable, enter &quot;N/A.&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$2,500.00</td>
<td>Justification for line item</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>$2,500.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Services and Supplies

<table>
<thead>
<tr>
<th>Description of service/supply</th>
<th>Amount</th>
<th>Justification</th>
<th>Requested or received from other sources (specify source). If not applicable, enter &quot;N/A.&quot;</th>
<th>Outside funding and/or in-kind contributions. If not applicable, enter &quot;N/A.&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of service/supply</td>
<td>$2,000.00</td>
<td>Justification for line item</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description of service/supply</td>
<td>$4,500.00</td>
<td>Justification for line item</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>$6,500.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Travel

<table>
<thead>
<tr>
<th>Description of travel item</th>
<th>Amount</th>
<th>Justification</th>
<th>Requested or received from other sources (specify source). If not applicable, enter &quot;N/A.&quot;</th>
<th>Outside funding and/or in-kind contributions. If not applicable, enter &quot;N/A.&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of travel item</td>
<td>$3,500.00</td>
<td>Justification for line item</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>$3,500.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Other

<table>
<thead>
<tr>
<th>Description of other item</th>
<th>Amount</th>
<th>Justification</th>
<th>Requested or received from other sources (specify source). If not applicable, enter &quot;N/A.&quot;</th>
<th>Outside funding and/or in-kind contributions. If not applicable, enter &quot;N/A.&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of other item</td>
<td>$2,500.00</td>
<td>Justification for line item</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>$2,500.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Totals

<table>
<thead>
<tr>
<th>Grand Total Requested from Health Research BC</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand Total</td>
<td>$15,000</td>
</tr>
</tbody>
</table>

Letters of Support

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

<table>
<thead>
<tr>
<th>Letters_of_Support.pdf</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>90 KB - 04/04/2022 2:45PM</td>
<td></td>
</tr>
</tbody>
</table>

Total Files: 1
Work Plan and Timeline

Please upload a 1-page work plan with a timeline and milestones. The activities must take place between October 1, 2022 and September 30, 2023.

Reviewers are not required to read Work Plan and Timeline attachments longer than one page.


**Letters of Support**

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

Health Research BC encourages applicants to identify additional sources of funding for the proposed activities if doing so would enhance the quality or timeliness of the outcomes and/or outputs of this proposed work. If you are including letters of support, ensure letters of support:

1. Identify the **amount** and **type** of support (i.e., cash or in-kind).
2. Identify the source of support.
3. Identify whether the contribution has been applied for or already received.
4. Letters of support should be signed by one individual and must clearly articulate the signatory's knowledge of and interest in the outcomes of the proposed work.