**Application Form** Due April 29, 2022 by 4pm. Submit to education.award@vch.ca

\*\*\*\* **Please review the separate document – KT Challenge Application Instructions – before completing this application.**

The Knowledge Translation (KT) Challenge is designed to support teams of PHC, VCH and BC Cancer clinicians who are responsible for moving evidence into practice. The KT Challenge is run in partnership with Providence Health Care Professional Practice, Providence Health Care Research Institute, Vancouver Coastal Health Research Institute, VCH Professional Practice, and the BC Cancer Department of Nursing and Allied Health Research and KT. Funding is provided by PHC, PHCRI, VCHRI, Transplant Research Foundation, and BC Cancer­­­­.

**Note:** Patient Family Partners (PFPs) are key stakeholders for all KT projects. This proposal will be reviewed by the KT Challenge Advisory Committee, which includes a PFP, and also by trained PFP Reviewers. All KT Challenge teams are required and supported to include PFPs in your project work and/or on your project team. Please ask your PFP(s) to sign below in the designated spot, acknowledging their ongoing contribution and partnership in your project. PFPs will receive two invitations to evaluate their participation over the two years of each funded KT Challenge project.

|  |
| --- |
| **Project Title:** |
| **Team Lead Information** |
| Name: Click here to enter text. | Position/Title: Click here to enter text. |
| Email: Click here to enter text. | Phone (work): Click here to enter text. |
| Site/Unit: Click here to enter text. | Signature\*: |
| **Team Members’ Information (If your team has additional members, add their names on the next page).** |
| Name #1: Click here to enter text. | Position/Title: Click here to enter text. |
| Email: Click here to enter text. | Phone (work): Click here to enter text. |
| Site/Unit: Click here to enter text. | Signature\*: |
| Name #2: Click here to enter text. | Position/Title: Click here to enter text. |
| Email: Click here to enter text. | Phone (work): Click here to enter text. |
| Site/Unit: Click here to enter text. | Signature\*: |
| Name #3: Click here to enter text. | Position/Title: Click here to enter text. |
| Email: Click here to enter text. | Phone (work): Click here to enter text. |
| Site/Unit: Click here to enter text. | Signature\*: |
| **\*By signing above**, you agree to communicate with the organizing committee any changes to your team or your participation, to complete the online KT Challenge evaluation surveys and to encourage all your team members to complete the surveys. |
| **Manager Support** |
| By signing, I acknowledge that I have discussed this practice change with the team leader and agree to support them in this project. If this project is funded, I will work with the team members to accommodate requests for scheduled time to work on this project. |
| Manager Name: Click here to enter text. | Position/Title: Click here to enter text. |
| Email: Click here to enter text. | Signature:  |
| **Agreement between Team Members and KT Challenge Organizing Committee**If you are accepted for participation in the KT Challenge, the organizing committee agrees to work with you to select a mentor for your project and provide KT skills workshops. If your project is funded, we will support you to conduct your KT project. |

**Note: The application form for the KT Challenge has 8 sections, listed below. Please review the separate document – KT Challenge Application Instructions – before completing this application.**

**Page Limit**. Please limit this entire application to five pages, 12-point font, double-spaced. Page count begins with Lay Summary.

**Section 1 – Lay Summary**

**Section 2 – Need and Evidence Base**

**Section 3 – Implementation Strategies**

**Section 4 – Evaluation Plan**

**Section 5 – Work plan and Dissemination Plan**

**Section 6 – Budget**

Outline the total proposed budget in the tables below. Funds may be used to pay:

1. Buy-out time for regular PHC, VCH or BC Cancer staff to work on the KT Challenge project
2. Salaries for research assistants and administrative, transcribing or translating services
3. Computing services or software site licenses, for small equipment, usually less than $100
4. Supplies and services, such as office supplies and printing

In the personnel table below, list all personnel involved in the project, whether being paid from project funds or not. If not to be paid from project funds, put N/A in the last two columns.

|  |
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| **Personnel Budget** |
| Name  | Title & Project Contribution  | Time Allocated  | Salary  | Estimated Expenditure  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Subtotal:** |  |
| **Equipment Budget** |
| Item  | Justification  | Estimated Expenditure  |
|  |  |  |
|  |  |  |
| **Subtotal:** |  |
| **Services Budget** |
| Item  | Justification  | Estimated Expenditure  |
|  |  |  |
|  |  |  |
| **Subtotal:** |  |
| **Total Estimated:** |  |

**Section 7 - Mentor Contribution**

**We require that teams meet with their mentor to develop the funding proposal, develop an appropriate timeline and ensure their proposal is ready for submission.**

* As the mentor for this project, I contributed in the following ways to the development of this proposal:
* As the mentor for this project, I anticipate contributing in the following ways if the project is funded:

By signing below, the Mentor acknowledges that they (please check):

[ ]  Had input into the design of the knowledge translation project described in this application

[ ]  Read through the completed application form, including the team information sheet

[ ]  Confirm that they will support this team as outlined in this application

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| **Mentor** |
| **Name** |  | **Signature** |  |
| **Title/Department** |  |
| **Facility/Site** |  |
| **Telephone** |  | **Email** |  |

**Section 8 – Patient Family Partner contribution**

* As the Patient Family Partner for this project, I contributed in the following ways to the development of this proposal:
* As the Patient Family Partner for this project, I anticipate contributing in the following ways if the project is funded:

By signing below, the Patient Family Partner acknowledges that they are aware they will receive two invitations to participate in an evaluation survey over the course of the 2-year funded project.

|  |
| --- |
| **Patient Family Partner** |
| **Name** |  | **Signature** |  |
| **Telephone** |  | **Email** |  |

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| **Team Members – Extra Space Signature** |
| Team Member Name Date Signature |  |
| Team Member Name Date Signature |  |
| Team Member Name Date Signature |  |
| Team Member Name Date Signature |  |
| Team Member Name Date Signature |  |

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| For information or assistance in filling out this form, please contact: PHC teams: Aggie Black ABlack@providencehealth.bc.ca); or VCH teams: Amanda Chisholm (education.award@vch.ca); or BC Cancer teams: Andrea Knox ( AKnox@bccancer.bc.ca)  |
| ***Application Form*** due: April 29, 2022 at 4:00pm |
| Submit via email to education.award@vch.ca  |