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| **CCMB - PATIENT EXPERIENCE GRANT APPLICATION FORM** **Program Information** |
| **Program Title** |  |
| **Principal Applicant** | Name: |  |
|  | Position: |  |
|  | Affiliation: |  |
|  | Email: |  |
|  | Telephone: |  |
| **Commitment** | [ ]  One-Time  | [ ]  Ongoing  | **New Project?** | [ ]  Yes [ ]  No  |
| **Total Requested** | $ |
| **Disease Site Group** | [ ]  Brain [ ]  Breast[ ]  Bladder [ ]  Colorectal [ ]  Esophagus [ ]  Gastric [ ]  Gynecologic[ ]  Hepatic[ ]  Head and Neck [ ]  Leukemia/Lymphoma [ ]  Lung [ ]  Melanoma[ ]  Mesothelioma[ ]  Non-malignant hematology[ ]  Non-melanoma skin cancer[ ]  Pancreas[ ]  Prostate[ ]  Renal [ ]  Sarcoma[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  All cancers**Total** |  % % % % % % % % % % % % % % % % % % % % % % | **Impacted Patients** | ***Gender***[ ]  Male [ ]  Female **Total*****Age***[ ]  Pediatric [ ]  AYA[ ]  Adult [ ]  Elderly **Total*****Socioeconomic***[ ]  Underserved |  % % % % % % % %­ % |

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| **Lay Summary**  |
| **Provide a lay summary of your proposal in simple, easy to understand, non-technical language. Use plain language as you would describe to a grade 8 student. Choose short words and clear sentences.** |
| Maximum 200 words, 11pt Calibri font |
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| **Budget Summary**  |
| Salaries  | $  |
| Direct Costs | $ |
| Equipment | $ |
| **Total CCMF Request** | **$** |
|  |  |
| Leveraged Funds | $ |
| TOTAL BUDGET | $ |

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| **Proposal** |
| **Attach the proposal using the following guidelines** |

**Document Format**

* Use the “Patient Experience Proposal” template word document
* Page format: US Letter, top margin 2.5cm, side and bottom margins 2cm
* Header: Surname of Principal Applicant, Project Title, “CCMB Infrastructure Grant - Patient Experience”
* Footer: “CCMF 2021-2022”, page number bottom right
* Font: Times New Roman 12pt, black, single spaced
* File format: Attach as a single file in PDF format, Maximum size 12Mb

**Proposal Format**

* Proposal narrative: Maximum 6 pages, including figures and tables. No additional figure attachments are permitted.
* References: Maximum 1 page
* Proposal narrative headings:

Background

Identified need

Projected use

Expected Outcomes

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|  **Strategic Gain** |
| **Alignment with the Manitoba Cancer Plan 2016-2021:****[ ]** Innovation within the cancer-care system to provide patients with access to state-of-the-art services and technologies[ ]  Timely access to multidisciplinary, patient-centered care through smooth coordination of team members[ ]  Enhanced reporting on performance, quality and safety[ ]  Building capacity to meet growing needs[ ]  Improved care for underserved populations facing cultural, socioeconomic, demographic and/or geographic obstacles[ ]  Broadening the scope and enhanced strength of research |
| **Provide details of how your proposal fits within the Manitoba Cancer Plan.** Maximum 200 words, 11pt Calibri font |

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| **Detailed Budget** |
| **Provide a detailed budget, round all amounts to the nearest dollar.** Attach quotes for equipment |
| ***Add or remove rows as needed*** |
| **Salaries (FTE)** | ***Request*** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total** | $ |
|  |  |
| **Direct Costs** | ***Request*** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total** | $ |
|  |  |
| **Equipment** (<$10,000 per item) | ***Request*** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total** | $ |

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| **Justification of Budget** |
| **Provide a justification under the following headings:** *1. Salaries: Explain the role of each member of the team in the project**2. Direct costs: Briefly explain the purpose of the request**3. Equipment: Explain why the equipment is needed for the project*Maximum 2 pages, 11pt Calibri font, 2cm margins |

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| **Approval Requirements** |
| **If the grant is awarded, the necessary certification requirements must be met in accordance with policies on ethical conduct of research.** ***Check all that apply***[ ]  CCMB operational impact[ ]  Human subjects [ ]  Human trials of therapeutics or medical devices  |

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| **Signatures** |
| **The undersigned guarantee the CancerCare Manitoba Foundation Grant Guidelines will be followed and the funds will only be used for the purpose specified.** |
| **PRINCIPAL APPLICANT** |  | Date: |
|  |  |  |
| **DEPARTMENT HEAD** |  | Date: |
|  |  |  |

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| **Attachments** |
| [ ]  Proposal [ ]  Grant letters of award (in support of leveraged funds) [ ]  Letters of intent (in support of leveraged funds)[ ]  Equipment quotes |