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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 | |
|  | |
|  | |
| **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 2020-2021”, 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 co-ordination of team members  Enhanced reporting on performance, quality and safety  Building capacity to meet growing needs  Improved care for underserved populations facing cultural, socio-economic, 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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| **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 |