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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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| **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 |