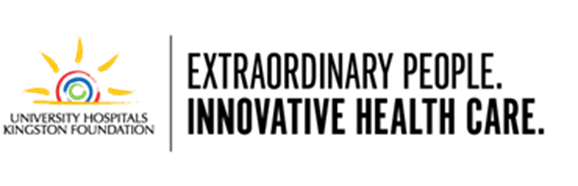
**UHKF HEALTH CARE INNOVATION FUND PROJECT PROPOSAL**

****Please complete this form and save as a PDF.

**CONTACT INFORMATION:**

Please provide your Name, Role, Hospital Address, and Phone/Email:

**PROJECT TITLE:**

**PROJECT ABSTRACT:**

Please provide a 2-3 sentence summary (in plain language) of the proposed project. Please explain how it aligns with the UHKF vision for “Exceptional health care made possible by fully engaged, generous people and communities.” This summary description will be used to communicate the impact of the UHKF Health Care Innovation Fund. Please state the potential impact of your proposed program.

Please provide a 1-2 sentence explanation of how this project aligns with the term “innovation”, as outlined in the cover of this application.

Please describe the effect this project could have on the scope, quality or impact of health care available to the patients, clients or residents of Kingston’s hospitals.

One time funding amount being requested from the UHKF Health Care Innovation Fund*:*

$

*(up to a maximum of $50,000)*

Preference will be given to proposals which can leverage matching funds or secure funds from additional sources. Do you have other funding that you will be able to access for this project?

**Yes / No *(please underline)***

If yes, please describe the source and amounts anticipated:

|  |  |  |
| --- | --- | --- |
| **Source** | **Confirmed? (Y/N)** | **Amount $** |
|  |  |  |
|  |  |  |
|  |  |  |

**PROJECT NARRATIVE:**

Please provide a more in-depth description on the background, objectives, rationale and explanation of how the project is considered innovative (maximum of 500 words). Please attach any necessary files (e.g. diagrams, graphs, images, etc.).

Please include a description of the proposed team members, providing a statement of their roles, expertise and contributions to this project (maximum of 250 words).

Please attach to this application a detailed work plan including any necessary diagrams, graphs, images, etc. (Limit of 2 attachments to accompany the work plan.)

Attached/Not Attached

Please provide a targeted timeline for this project. Include start and finish dates, as well as anticipated milestones (maximum of 100 words).

Please detail the project outcomes and the metrics to be used in order to evaluate success. Describe the ability to measure the expected benefits on healthcare in Kingston.

How will UHKF be able to determine whether or not this project was successful?   
(maximum of 100 words.)

Please elaborate on any other information you think is relevant to the project (maximum of 100 words). *(Optional)*

**BUDGET:**

Please provide an itemized budget for the project (e.g. salary, supplies, equipment, other expenses, etc.). Please note this is one-time funding and any ongoing operating expenses associated with the grant will need to be discussed with the Hospital’s Finance Department before approval is given.

|  |  |
| --- | --- |
| **Budget Item** | **Cost $** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | **$** |

Provide a justification for any expenses not previously outlined in this application.

|  |
| --- |
|  |
| **Applicants signature Date** |
|  |
| **Signature of Medical Leadership**  **(if clinical project)** |
|  |
| **Signature of Operational Leadership or VP Research (if research project)** |
|  |
| **Date Reviewed by Executive/Senior Leadership Committee** |

**SUBMISSION INTRUCTIONS:**

1. Please complete the above grant application.
2. Send a PDF copy of the completed application and any supporting material via email to [**foundation@uhkf.ca**](mailto:foundation@uhkf.ca).
3. All Grants require Hospital Finance and UHKF approval before the grant can be issued. Once the Selection Committee brings forward a potential successful applicant, the application will be reviewed by Hospital Finance and UHKF for approval.
4. All submissions will be advised of the selection committee’s final decision.
5. All Grant Applications are required to follow the current UHKF granting policy.

**2017 Application Review Committee:**

* Dr. Martin Ten Hove
* Dr. Roumen Milev
* Dr. Rob Siemens
* Dr. Bob Connelly
* Dr. Elizabeth Eisenhauer
* Additional committee member(s) from allied health and/or nursing and/or information management/clinical

For more information about this fund or the application process, please contact:

Dale Best

University Hospitals Kingston Foundation

Dale.Best@uhkf.ca

613-549-5452, ext. 5907