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KPMG Foundation Research Seed Grant Application 2024

Please complete the application form below.

- We recommend drafting your answers before completing this online form.
- If you are unable to access or complete your application online, or wish to request an accommodation or an alternate format, please email Isabel.Moore@islandhealth.ca to discuss options.

To Save Your Answers and Return Later:

- Click the **Save and Return Later** button at the bottom of the page.
- On the next screen, enter your **email address** and a survey link with your saved responses will be emailed to you. You can return to continue working on the application at any time by clicking on that link.

Applications must be submitted by Monday, December 16 at 4:00 p.m. PDT.

Applicant Information

I am applying for a:

* must provide value

○ general research seed grant

○ health equity research seed grant

The lead applicant is from:

* must provide value

○ Island Health

○ another organization

Lead Applicant's Role or Title in the Organization:

* must provide value

[   ]

Lead Applicant's Name:

* must provide value

[   ]

Lead Applicant's Email:

* must provide value

[   ]

Please re-enter the lead's email address:

* must provide value

[   ]

Project Information

Project Title:

* must provide value

Project Description: Please summarize your proposed project in plain language that can be understood by a general audience (200 words or less).

* must provide value

Geographic Region: Indicate where your project will take place. Select island-wide if all of the above.

* must provide value

☐ Campbell River, Comox, Courtenay, Mt. Waddington, Strathcona

☐ Port Alberni, West Coast, Nanaimo, Oceanside

☐ Cowichan Valley, Ladysmith, Saanich (Northern), Gulf Islands

☐ Victoria, Saanich (Southern), Esquimalt, Sooke, West Shore

☐ Island-wide

Research Priority Areas: Please indicate the priority areas addressed by your project. Select all that apply.

* must provide value

☐ Indigenous Health

☐ Equity, diversity, and inclusion

☐ Mental Health and Substance Use

☐ Seniors Health

☐ Primary Care Networks and Clinics

☐ Home and Community Care

☐ Population Health and Health Promotion

☐ Under-Resourced Communities and/or people who are unhoused

☐ Acute and Ambulatory Services

☐ Palliative and End-of-Life Care

☐ Care Team Safety and Wellness

☐ Virtual and Technology-Enabled Care

☐ COVID-19

☐ Child and Family, including Maternal Health

Island Health Goals: Indicate the goal(s) this project supports. Select all that apply.

* must provide value

☐ Improve experience, quality & outcomes for the people we serve.

☐ Improve the experience, health & wellbeing of all people at Island Health.

☐ Increase value & ensure sustainability.

☐ Improve population health & wellness and reduce health inequities.

Application Questions

How to complete the questions below:

- Each question can be answered in any format you choose: text, audio (e.g. a recording), visual (e.g. infographic or presentation), video, or a combination.
- Each question has a text box for any written answers, and fields for uploading your answer in another format (or for additional material if you've provided a written answer).
- Written answers should range from 200-500 words.
- Supplemental materials (for example, letters of support or references) can be uploaded under the relevant question; these are not required, but can enhance your application.
- Please read the evaluation criteria and the questions below carefully to make sure you include all the information we need to review your application.
- If we have any questions or need more information, we may be in touch with you during the review process (January-February 2025).

Uploads

- To ensure your uploads can be viewed, please use a **common format** such as:
  - Word (.doc or .docx), PDF, PowerPoint (.ppt or .pptx) for written or visual materials
  - .mp3 or .wav for audio recordings
  - .mp4 for videos
- Please **describe the content of any uploads** in the text box below each field.
- **3 upload fields** are available per question; 1 file can be uploaded per field.
- Email Isabel.Moore@islandhealth.ca with any questions about file format or size, or if you need to upload more than 3 files for a single question.

Resources & Support

- View these Application Resources and Supports (with contacts for different questions).
- Check out this curated list of Research 101 Resources, too!

1. WHAT: Project Overview

Tell us:

1. what is already known about this problem or topic (local context & previous knowledge);
2. what you want to do (outline your project);
3. how you know this project will be meaningful and acceptable to those directly affected by the problem; and
4. how it will contribute new knowledge and/or apply existing knowledge in a new way.

If you choose to provide a written answer, please use this text box:

If you choose to upload a file to answer in an alternate format, please upload it here.

Another upload box will appear below when this one is full (up to 3 boxes per question).

Please describe the file you uploaded above.

2. WHO: Project Team

Tell us:

1. who is on the research team;
2. their roles and relevant experience; and
3. how you will ensure that everyone can participate fully and equitably in their roles.

Additional questions for:

Health equity projects: describe how the composition and/or experience(s) of your team demonstrates equitable partnerships and/or respectful relationships with the equity-deserving group(s) that are the focus of the project.

Indigenous Health Research projects: describe how the composition and/or experience(s) of your team demonstrates meaningful and culturally safe engagement with Indigenous Peoples.

If you choose to provide a written answer, please use this text box:

If you choose to upload a file to answer in an alternate format, please upload it here.

Another upload box will appear below when this one is full (up to 3 boxes per question).

Please describe the file you uploaded above.

3. WHO: Engaging People, Partners, Participants

Tell us:

1. who the research team will engage throughout this project;
2. how you will engage them and in what roles; and
3. how you will ensure that everyone can participate fully and equitably in their roles.

Additional question for Indigenous Health Research projects: describe how you will ensure Indigenous cultural safety and foster cultural humility throughout the project.

If you choose to provide a written answer, please use this text box:

If you choose to upload a file to answer in an alternate format, please upload it here.

Another upload box will appear below when this one is full (up to 3 boxes per question).

Please describe the file you uploaded above.

4. HOW: Project Plan

Tell us:

1. the specific objectives of your project;
2. the activities, methods, and/or measures you will use to meet these objectives;
3. how you are integrating equity, diversity, and inclusion in project activities, methods, and/or analysis.

- *Indigenous Health Research projects:* if applicable, describe how you will ensure that Indigenous communities have control over any data collection, and that they own and control how this information can be used. (Learn more about data ownership, control, access, and possession: The First Nations Principles of OCAP®). If not applicable, please describe why not.

If you choose to provide a written answer, please use this text box:

If you choose to upload a file to answer in an alternate format, please upload it here.

Another upload box will appear below when this one is full (up to 3 boxes per question).

Please describe the file you uploaded above.

5. HOW: Estimated Costs

Tell us:

1. all estimated project costs, including any that support full and equitable participation;
2. how you estimated each cost, and why it's required for the project;
3. the total amount to be covered by this grant (not more than $12,500). *Note: total project costs can be more than $12,500 if other funding is available; please specify below.*

Health equity projects: **estimated costs must commit a minimum of $2000** (out of $12,500) **to engagement activities and honoraria.**

If you choose to provide a written answer, please use this text box:

If you choose to upload a file to answer in an alternate format, please upload it here.

Another upload box will appear below when this one is full (up to 3 boxes per question).

Please describe the file you uploaded above.

Does this project have any other confirmed sources of funding? Your answer will not affect your chances of being funded through this competition, but it will provide important context for your estimated costs.

* must provide value

○ Yes

○ No

6. WHY: Impact

Tell us:

1. who in the community will benefit from this project, and what will be improved.
2. what success would look like for this project (for the community and for the health service or system).
3. who needs to know about your project, and how you will share results.

If you choose to provide a written answer, please use this text box:

If you choose to upload a file to answer in an alternate format, please upload it here.

Another upload box will appear below when this one is full (up to 3 boxes per question).

Please describe the file you uploaded above.

7. WHY: Future

Tell us:

1. how this project supports opportunities for further research and/or collaboration;
2. how you might implement or sustain positive results from the project.

If you choose to provide a written answer, please use this text box:

If you choose to upload a file to answer in an alternate format, please upload it here.

Another upload box will appear below when this one is full (up to 3 boxes per question).

Please describe the file you uploaded above.

8. Is there anything else you'd like the reviewers to know?

If you choose to provide a written answer, please use this text box:

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If you choose to upload a file to answer in an alternate format, please upload it here.

Another upload box will appear below when this one is full (up to 3 boxes per question).

Please describe the file you uploaded above.

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9. Confirmation & Submission

I confirm that I will receive all necessary approvals prior to commencing research.
* must provide value

○ Yes

I will abide by all guidelines and conditions of this competition if the application is successful.
* must provide value

○ Yes

How to save your work and return later

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Self-Identification Questionnaire

When you submit this application, you will be automatically redirected to a brief and anonymous self-identification questionnaire, which allows us to collect important data on gender, age, identity, and disability.

Please take a minute to provide this information so that we can improve access and equity for future applicants.

Submit

Save & Return Later

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