

Research Challenge

2025 Research Module

This document is intended to offer applicants a preview of the application form, including the required questions and associated word counts. You can use this template to collaborate on your application offline, if that is your preferred method.

**We will NOT accept this document for the Research Challenge. Applications MUST be entered and submitted online through the Survey Monkey Apply portal.**

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| --- | --- |
|  |  |
| Principal Investigator Last Name | Principal Investigator First Name(s) |
| Email Address: | Job Title |
| VCH/PHC Program/Department | VCH/PHC Program/Department Manager |
| Academic Department and Rank (if applicable) | Academic Department Head |

Work Mailing Address (include street, building, room number, and postal code).

|  |  |
| --- | --- |
| Office Phone Number | Fax Number |

Project Title

Within which VCH HSDA(s) will this research project take place?

# Select One

Multi – HSDA; VCH- Richmond; VCH- Vancouver (Community); VCH- Vancouver (Acute); VCH- Coastal; VCH- Corporate

Please list the specific VCH/PHC site(s) at which the project will be carried out (building locations/room #s):

Amount Requested (max. $11,000):

|  |  |
| --- | --- |
|  |  |
| Co-Principal Investigator Last Name | Co-Principal Investigator First Name(s) |
| Email Address | Job Title |
| Organization | Department |
| Academic Appointment | Academic Department Head |

Work Mailing Address (include street, building, room number, and postal code).

|  |  |
| --- | --- |
| Office Phone Number | Fax Number |

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| --- | --- | --- |
| Co-Investigator Names (add a page if needed) | Organization and Program/Department | Position/Title |
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| --- | --- | --- |
| Signatures | | |
| Principal Investigator (PI): | | Date: |
| Co-PI: | | Date: |
| Co-investigators: | | Date: |
|  | | Date: |
|  | | Date: |
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|  | | Date: |
| **PI’s VCH/PHC Program/Dept Manager:** | | **Date:** |
| **Academic Dept Head (if applicable)** | | **Date:** |
| **For VCH Research Institute Office Use Only** | | |
| **VCH Research Institute Executive Director,**  **Associate Dean Research, FoM, UBC** | **Research Services (ORS) Signature** | |
| Signature and Date | Signature and Date: | |

# Summary of Research Proposal [2700 characters]

Summarize the objectives and research plan. Explicitly detail how the project improves practice within

VCH or PHC.

# Research Project Team [2700 characters]

Clearly describe the various roles (including mentoring) and responsibilities of all team members listed,

including patient-family partners, and your team’s capacity to complete this 18 month project.

# Project Budget

Applications will be considered for a maximum of $10,000 for an 18-month long project. Teams can request an additional $1,000 for patient partner honorariums. Awards are non-renewable.

# Important Notes:

Personnel: this should include the rate, benefits and estimated hours. Only the PI is eligible for release time in the budget, and to a max of 50% of the total budget.

Travel: travel costs for investigators such as (but not limited to) mileage, conference fees/travel, are

**NOT** eligible expenses and will be removed from the budget, except for the TRF awards.

In-kind contributions: Must be accompanied by a letter of support

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | | **Amount requested from this competition** | **Amount of in-kind contributions**  **(if applicable).** |  |
| **Personnel** | | | | |
|  |  |  |  |  |
| **Materials and Supplies** | | | | |
|  |  |  |  |  |
| **Research Equipment** | | | | |
|  |  |  |  |  |
| **Knowledge Translation** | | | | |
|  |  |  |  |  |
| **Patient Engagement Expenses and Other (Specify)** | | | | |
|  |  |  |  |  |
|  | | | | |
| **Total value of in-kind contributions** | |  |  |  |
| **Total Requested (maximum $10,000)** | |  |  |
| **Patient Partner Honorarium (maximum $1,000)** | | Hours x rate = Total | |

# Project Title:

1. **Budget Justification**

A) Provide details and justification of requested funds listed in the budget on page 6. See the award instructions for details on eligible expenses, and guidance on how to outline the estimated costs. [2000

characters]

# Project Title:

1. **Knowledge Translation and Dissemination Plan [2400 characters]**

The reviewers want to see that your team has discussed and planned for both integrating your results back into your practice and sharing more broadly with your colleagues.

Please provide a brief description of your plan for implementing and sharing your research results within your practice and with colleagues across VCH/PHC. As well, if applicable, include any conferences, publications and/or other venues in which you are hoping to share your findings.