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**Health Science and Medical Education  
Research and Innovation Funding Competition 2020-2021**

***Full Proposal Template***

Please provide information regarding the following questions, as applicable to your research or innovation proposal. The proposal is **5 pages maximum** (11 point font, single-spaced), the length of responses to each section is flexible, and you are welcome to include additional sections appropriate to your proposal. References, budget, signature page, and CV of the Principal Investigator can be included as appendices (ie. in addition to the 5 pages).

|  |  |
| --- | --- |
| **Project Title:** |  |
| **Principal Investigator:** |  |
| **Co-Investigators:** |  |
| **Projected Start Date:** |  |
| **Projected End Date:** |  |

**Please indicate if this is a research or innovation proposal:  
 Research  
 Innovation**

**For Research**

1. **Background & Rationale**
2. **Hypothesis or Research Question:**
3. **Methodology or Approach**
4. **Data Collection**
5. **Data Analysis**
6. **Project Significance & Limitations**
   1. **How this study will advance health and medical education scholarship**
   2. **How this study will contribute to the development of individual and collective capacity in educational scholarship in the CSM**
   3. **Plans for future or continued scholarly activities that build from the proposed study**
   4. **Project limitations**
7. **Expertise and Capacity of the Research Team**
8. **Dissemination Plan**
9. **Budget (see Appendix B)**

**For Innovation Projects**

1. **Background & Rationale**
2. **Hypothesis or Research Question:**
3. **Implementation Plan**
4. **Approach to Evaluation**
   1. **Data Collection**
   2. **Data Analysis**
5. **Project Significance & Limitations**
   1. **How this innovation project will advance health and medical education scholarship**
   2. **How this innovation project will contribute to the development of individual and collective capacity in educational scholarship in the CSM**
   3. **Plans for future or continued scholarly activities that build from the proposed project**
   4. **Project limitations**
6. **Expertise and Capacity of the Project Team**
7. **Dissemination Plan**
8. **Budget (see Appendix B)**

**Appendix A – References**

**Appendix B - Budget**

Please complete the relevant portions of this template, modifying the format as needed. Refer to the [OHMES Funding Request and Expense Policies](https://cumming.ucalgary.ca/sites/default/files/teams/15/OHMES%20%20Funding%20Request%20and%20Expense%20Policies%20-%202020.pdf) for eligible expenses.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BUDGET SUMMARY** | | | | |
| **1. Other Funding Source(s)** | | | | |
| *Source* | *Type* | *Amount* | *Status* | |
|  |  |  |  | |
|  |  |  |  | |
| **2. Study Budget** | | | | |
| Below are examples only and budget requirements are not limited to these. Please include ALL research related services/procedures | | | | |
| **A. Research Procedure Costs** | | | | |
| **Service/Procedures** | **Description** | | | **Total Cost** |
| *Transcription* |  | | |  |
| *Data/Statistical analysis* |  | | |  |
| *Equipment (e.g. audio recorder)* |  | | |  |
| *Other* |  | | |  |
| **Sub-Total** | | | | $ |
| **B. Personnel Costs** (UCalgary Benefit Cost Caculator available at <https://www.ucalgary.ca/finance/finance-forms>) | | | | |
| **Personnel (including benefits, WCB, EI)** | **Level of Expertise Required** (eg. MSc) | **Hourly Rate** (incl benefits, EI, WCB) | **# of Hours** | **Total Cost** |
| *Research Associate/Assistant salary* |  |  |  |  |
| *Interviewer salary* |  |  |  |  |
| *Other salary* |  |  |  |  |
| **Sub-Total** | | | | $ |
| **C. Other Study Costs** | | | | |
| **Service/Cost** | **Projected # of Participants** | **# of Items** | **Cost per Item** | **Total Cost** |
| *Participant reimbursement (e.g. parking)* |  |  |  |  |
| *Participant incentives (e.g. gift cards)* |  |  |  |  |
| *Other …* |  |  |  |  |
| **Sub-total** | | | | $ |
| **Total Study Cost** | | | | $ |
| **D. Additional Costs** (e.g. publication costs, presentation expenses, etc) | | | | |
| **Item** | | | | **Total Cost** |
|  | | | |  |
|  | | | |  |
| **Total Additional Costs** | | | | $ |

**Appendix C – Signature Page**Please obtain a signature from all members of the project team, including co-investigators.

|  |  |
| --- | --- |
| **Name of Principal Investigator:** |  |
| **Signature of Principal Investigator:** |  |
| **Name of Co-Investigator:** |  |
| **Signature of Co-Investigator:** |  |
| **Name of Co-Investigator:** |  |
| **Signature of Co-Investigator:** |  |
| **Name of Co-Investigator:** |  |
| **Signature of Co-Investigator:** |  |

\*add more rows as necessary

**Appendix D – Abridged (2 pages) CV of Principal Investigator**