Prefix:

First Name: Tester

Middle Name:

Last Name: Tracy

Personal Pronouns

She/Her

Organization Affiliations

Organization	Department	Job Position

Health Professional

Do you have formal training or credentials as a health professional?
Yes

Name of health profession
Registered Nurse Practitioner

Host Institution

Host Institution
HEALTH RESEARCH BC-DO NOT USE

Research Location

Health Research BC-DO NOT USE

Team Quality and Engagement

Collaboration or Support by Health Research BC Department

Are you collaborating with or receiving support from a Health Research BC Department (including BC SUPPORT Unit, Clinical Trials BC, Knowledge Translation, or Research Ethics BC)?
Yes

If "YES", please provide further information.

Department Name: BC SUPPORT Unit

Contact Name: ABC

Contact Email: ABC@abc.ca

Team Members

Qualifications and Experience

Briefly describe why your experience and qualifications make you particularly well-suited for your role in co-leading the activities that are proposed in this application

Pathway to Impact (Knowledge Translation Activities)

Please describe any past and/or current knowledge translation activities that you have engaged in relevant to this project. What were the impacts (or intended impacts) and how has this informed the KT activities that you have proposed for this project?

Team Members List

Name	Primary Organization Affiliation	Position Title	Researcher/Research User/Trainee	Description of Role and Expertise
Team Member 1	Org A	Title	Researcher	Expertise
Team Member 2	Org B	Title	Research User	Expertise
Team Member 3	Org C	Title	Trainee	Expertise

Trainee Role

Please describe what role the trainee(s) will have in the project. How will their inclusion provide professional development opportunities, including opportunities to develop their leadership experience and KT skills? Indicate their level of participation in the proposed work (e.g., hours/week, FTE percentage).

Engagement of Researchers and Research Users

How will researchers and research users work together to collaboratively plan and implement the proposed activities?

Third Parties
← ← **Please click on the THIRD PARTY section on the left navigation pane to enter contact information for the following individuals:** 1. Research User Co-Lead
2. Department Head

Your third parties must submit their own tasks. **You may monitor this table below in your application to see the status of their activities.** The Activity Status will change to "Submitted" once they have submitted their tasks. **You will not be able to submit your own application to your host institution until their tasks are submitted.**

If you have just added or updated the information in the Third Party tab click the Save My Work button to save your changes, at which point their information will populate below.

Name	Email	Invitation Status	Activity Status
February Tester	februarytester@gmail.com	Accepted	Submitted
January Tester	januarytester@gmail.com	Accepted	Submitted

Quality of Proposed Work

Project Information

Title
Enter the title of your Research Program.

Lay Summary
Please enter a short description of your proposed dissemination event, activity, or tool, highlighting key elements and outcomes you hope to achieve. The lay summary should be written in plain language to guide Health Research BC staff in the facilitation of the peer review process, and provide reviewers with an introduction to your proposal.

Priority Funding Areas

Priority Funding Area - Primary
Climate change and health

Priority Funding Area - Secondary
Not applicable

Statement of Relevance to Priority Areas

Please explain how your proposed work is relevant to the priority area(s) that you have indicated above.

If your application is deemed not sufficiently relevant to the priority area(s) you selected, it will still be reviewed as usual and considered for the regular competition funding. You will be notified by email if your application is removed from the priority area(s) that you had indicated.

Does your proposed research have a central focus on Indigenous Health?

Keywords
Climate Change, Allergy, Anxiety Disorders

Previous Health Research BC Awards

Does this work build on existing work funded by a Health Research BC award? Please indicate "Yes" or "No".
Yes

Award Name:

Award Number:

Response to Previous Reviews

Previous Applications
Yes

Response to Previous Reviews
Please address issues identified in your previous review, by quoting the reviewer comment and providing a response. You are strongly encouraged to address previous reviewer feedback with solutions/corrective actions even if the current research program contains changes from the previous submission.

Proposed Work

Purpose and Objectives
Describe the purpose and objectives of the proposed activities and explain how they align with the purpose of this funding opportunity.

Description of Proposed Work
Provide a description of the dissemination activities to be developed and implemented. Be sure to include the following:

A brief description of the research evidence that forms the basis for the proposed work. Include references where appropriate.
How the proposed activities are appropriate for the intended audience, and how the activities will benefit them.

EDI Considerations

Describe any concrete practices or resources you will use to meaningfully and appropriately account for equity, diversity and inclusion (EDI) in the design of your KT activities and team. Health Research BC recognizes that meaningful approaches to support EDI in research and KT will vary depending on the research topic, discipline, audience, etc.

Work Plan and Timeline

Work_Plan_and_Timeline.pdf
99.4 KB - 03/26/2024 1:42PM

Total Files: 1

Expected Outcomes/Outputs

Describe the expected outcomes and outputs of the proposed activities, including how they could impact health research, the health system, and the health of British Columbians.

Budget

Human Resources

Description	Amount	Justification	Requested or received from other sources (specify source). If not applicable, enter "N/A."	Outside funding and/or in-kind contributions. If not applicable, enter "N/A."
Requirement 1	$5,000.00	Justification		
Total: $5,000.00				

Services and Supplies

Description	Amount	Justification	Requested or received from other sources (specify source). If not applicable, enter "N/A."	Outside funding and/or in-kind contributions. If not applicable, enter "N/A."
Requirement 1	$5,000.00	Justification		
Total: $5,000.00				

Travel

Description	Amount	Justification	Requested or received from other sources (specify source). If not applicable, enter "N/A."	Outside funding and/or in-kind contributions. If not applicable, enter "N/A."
Requirement 1	$5,000.00	Justification		
Total: $5,000.00				

Other

Description	Amount	Justification	Requested or received from other sources (specify source). If not applicable, enter "N/A."	Outside funding and/or in-kind contributions. If not applicable, enter "N/A."
Requirement 1	$5,000.00	Justification		
Total: $5,000.00				

Totals

Grand Total Requested from Health Research BC	
Grand Total	$20,000

Letters of Support

Letters of Support (Cash or In-Kind Contributions), if applicable

Sample_Letters_of_Support.pdf
640.7 KB - 03/26/2024 1:47PM

Total Files: 1

Work Plan and Timeline

Please upload a 1-page work plan with a timeline and milestones. The activities must take place between October 1, 2024 and September 30, 2025.

Reviewers are not required to read Work Plan and Timeline attachments longer than one page.

Letters of Support

Letters of Support (Cash or In-Kind Contributions), if applicable

Clarification on Letters of Support - Health Research BC **cannot accept letters of support** from departments within Health Research BC (including Clinical Trials BC, Knowledge Translation, Research Ethics BC, and BC SUPPORT Unit).

Applicants who plan to collaborate with or receive in-kind support from Health Research BC departments should provide their contact details under the "**Collaboration or Support by Health Research BC Department**" section. After the collaboration is successfully validated the application will be modified such that peer reviewers will be able to see the name of the collaborating Health Research BC department and the following statement will be added: "Health Research BC staff have internally validated this collaboration. This statement is intended to replace the Letter of Support to verify plans for a collaboration between the applicant and Health Research BC Department. This statement is not an organizational endorsement of the proposed work."

Health Research BC encourages applicants to identify additional sources of funding for the proposed activities if doing so would enhance the quality or timeliness of the outcomes and/or outputs of this proposed work. If you are including letters of support, ensure letters of support:

1. Identify the **amount** and **type** of support (i.e., cash or in-kind).
2. Identify the source of support.
3. Identify whether the contribution has been applied for or already received.
4. Letters of support should be signed by one individual and must clearly articulate the signatory's knowledge of and interest in the outcomes of the proposed work.