Advancing the Use of Evidence in Seniors' Home and Community Care

Letter of Intent – Development Award
GUIDELINES

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Help with your application

For questions regarding the application and submission process, please contact:

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For information about the Michael Smith Health Research BC ApplyNet system or help with login information, please contact:

Michael Smith Health Research BC Help Desk
helpdesk@healthresearchbc.ca
604.714.6609 | 866.673.4722 (toll-free) | Press 3 to reach the Help Desk line

1.　Introduction

Michael Smith Health Research BC (Health Research BC) is British Columbia's health research agency. We are working towards a future where BC is recognized worldwide for its vibrant, coherent, inclusive, and globally competitive health research system, which improves the health of British Columbians, the health system, and the economy. Learn more at healthresearchbc.ca.

Delivering for BC in a changing context

Health Research BC is launching a new funding program, **Advancing the Use of Evidence in Seniors' Home and Community Care**. It addresses population aging, one of four broad themes identified through Health Research BC's priority-setting process.

Past research has generated considerable evidence on how to improve seniors' care. There have, however, been challenges in adopting research findings into practice and policy within BC's health care system. Better implementation of existing, evidence-based interventions in home and community care could have significant impacts on seniors' well-being by supporting healthy aging and independent living.[1]

Advancing the Use of Evidence in Seniors' Home and Community Care

The Advancing the Use of Evidence in Seniors' Home and Community Care program will support multi-disciplinary, cross-sector teams to implement and evaluate an evidence-based intervention in seniors' home and community care. Funded teams will include health care decision-makers, health care providers, researchers, trainees, people with lived experience and community members.[2] This program will provide evidence to help decision-makers across BC support programs that help seniors live longer, healthier lives more independently in their communities.

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[1] Health Research BC-commissioned report from the University of Victoria Institute on Aging and Lifelong Health
[2] People with lived experience (PWLE) and community members include patients (individuals with personal experience of a health issue, and informal caregivers, including family and friends), public and community partners who have knowledge or experience with a problem or topic.

This program will be funded in two stages.

1. Letter of intent for a **development award**

These awards will support award recipients to:

- develop a plan to implement and evaluate an evidence-based intervention in seniors' home and community care; and
- build multi-disciplinary teams (including health care decision-makers, health care providers, researchers, trainees, people with lived experience and community members) to support that work.

Development award recipients will be invited to submit a full application.

2. Full application for a **team award**.

These awards will support award recipients to:

- develop an implementation plan for their intervention that specifies the desired outcomes for both the intervention and its implementation; and
- implement the intervention and evaluate the outcomes.

Applicants may wish to consult the [Consolidated Framework for Implementation Research (CFIR)](#) as a resource during the application process. The CFIR is a practical framework to help guide systematic assessment of potential barriers and facilitators in implementation that can help guide tailoring of implementation strategies and needed adaptations and/or to explain outcomes.

Intervention requirements

For the purposes of this program, evidence-based interventions are defined as policies, programs, services and models of funding or care delivery that (a) are implemented with the primary goal of improving care, and (b) have been piloted or tested in a setting or population and show promise (i.e. through the existence of evaluation findings, grey literature and/or published evidence) for spread and scale through local adaptation in a different context, population or jurisdiction. **Please note that this funding program does not support the development of new or pilot interventions.**

The intervention must address a gap in seniors' home and community care with the aim of supporting healthy aging and independent living. **For the purposes of this program, seniors' home and community care is defined as services that help seniors (65+) live as independently as possible in the community.**

Purpose

This program aims to improve home and community care for seniors through a novel blend of supporting both implementation of evidence-based interventions in seniors' home and community care and collective, iterative learning across health authorities, communities and academic institutions.

Program objectives

- Support teams of researchers and research users[3] within the BC health care system and academia to implement evidence-based interventions and evaluate their outcomes.

- Develop and support a culture of learning and evidence use within the BC health system that addresses the needs of seniors, communities and decision-makers.

2.   Key competition dates

Action	Target date
Letter of intent (LOI) application launch	Mid-January 2025
LOI deadline (applicants)	March 24, 2025, 4:30 p.m. PT
LOI deadline (host institution)	March 31, 2025, 4:30 p.m. PT
Anticipated notice of LOI funding decision	Late April 2025
Development award term	May 1, 2025 – October 31, 2025
Full application deadline (applicants)	October 8, 2025, 4:30 p.m. PT
Full application deadline (host institution)	October 16, 2025, 4:30 p.m. PT
Anticipated notice of full application funding decision	December 2025
Team award term	January 1, 2026 – December 31, 2028

3.   Award amount and duration

At the letter of intent (LOI) (development award) stage, successful applicants will receive up to $50,000 (with the possibility of up to $75,000 in exceptional cases) for a term of six months. Funds are available to support approximately six to ten development awards across British Columbia. Health Research BC intends to fund one application per health authority, with the possibility of additional awards if further funding is available. Applications will be placed into one of six application pools, one for each health authority region: Fraser Health, Interior Health, Island Health, Northern Health, and Vancouver Coastal Health, along with a pool for multi-regional or cross-cutting projects if needed. The final distribution of awards will depend on the specific applications received and the results of the review process. If there is alignment or clustering of similar proposals, Health Research BC may request that the respective teams collaborate and submit a single full application.

At the full application (team award) stage, Health Research BC has committed up to a total of $7M to fund up to one team award in each regional health authority over a period of three years, with the possibility of one additional multi-regional or cross-cutting project. More details on the full application (team award) amounts and duration will be provided when available.

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[3] Research users are individuals who might use, benefit or be impacted by the results of research but are not necessarily involved in their production. These include but are not limited to: physicians, nurses, people with lived experience, caregivers, community leaders, decision makers, other researchers, etc.

Health Research BC's financial contributions beyond year one of the award are subject to future funding of Health Research BC by the provincial government and the annual budgetary approval by Health Research BC's Board of Directors. The program is made possible through Health Research BC research funding programs and the BC SUPPORT Unit.

4. Team composition

Individuals to fulfill the following roles must be identified:

1. **Primary applicant co-lead** – The individual who launches and submits the LOI must be based at a BC health authority, which will administer the award funds. The primary applicant co-lead will lead the implementation of the intervention studied and ensure that resources are available to support the implementation of the intervention, facilitate the collection of data for the evaluation of the outcomes, oversee any data-sharing agreements and be responsible for financial administration and overall performance of the full team. The primary applicant co-lead should have experience delivering integrated care and using evidence to inform clinical practice in seniors' home and community care. Applicants can serve as the primary applicant co-lead on only one application but can be designated as a team member on up to two applications.

2. **Executive sponsor** – A senior decision-maker (executive director or higher) within the BC health system with authority over implementing and evaluating evidence-informed interventions related to seniors' home and community care. The executive sponsor must be committed to the project's success, ensuring team readiness and capacity and utilizing project learnings and outcomes. An individual may serve as both the executive sponsor and primary applicant co-lead roles.

3. **Evaluation co-lead** – An individual with a research appointment at a BC academic institution who will design and lead the evaluation of the intervention outcomes and its implementation in collaboration with the co-lead(s) and team.

The LOI application will include space to capture any additional team members who will participate in the work during the development award (including those who have yet to be recruited). During the term of the development award, teams must include member(s) with demonstrated experience and proficiency in the use of established implementation and evaluation frameworks.

Important notes

- This funding program includes unique training and governance requirements. Please see Section 12. Reporting, training and governance requirements for details.

- Details on requirements for team composition at the full application (team award) stage will be provided when available.

- Individuals can play more than one role on the team; however, the utility and feasibility of this must be justified.

- Government of British Columbia employees (individuals directly employed by provincial ministries) are not eligible to apply as an executive sponsor, primary applicant co-lead or evaluation co-lead but may be named as a team member. Employees of organizations funded directly by the Government of British Columbia, such as health authorities, are eligible to serve as co-leads and

executive sponsors. Health Research BC employees including Clinical Trials BC, Knowledge Translation, Research Ethics BC and BC SUPPORT Unit are not eligible to apply and may not be listed as team members. Potential applicants and team members who may be impacted by this policy should contact us at prioritybasedfunding@healthresearchbc.ca to clarify their eligibility prior to completing the application form.

- Health Research BC reserves the right to declare applications ineligible.

5. Responsible conduct of research

Researchers funded by Health Research BC must comply with the ethical and research policies outlined by the host institution and the Tri-Agency Framework: Responsible Conduct of Research. This includes, but is not limited, to:

- Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (2022)

- Canadian Council on Animal Care Policies and Guidelines

- Canadian Biosafety Standards and Guidelines

Teams that are funded in the Advancing the Use of Evidence in Seniors' Home and Community Care Program should integrate appropriate ethics frameworks across their implementation and evaluation activities. Resources in this area include:

- World Health Organization Ethics in implementation research -Participant's guide.

See Section 7. Integrating equity, diversity and inclusion (EDI) considerations in research for additional resources related to equity.

Responsible conduct of Indigenous health research

Health Research BC expects applicants to approach their research and knowledge translation activities with culturally safe practices that demonstrate humility, integrity, accountability and respect for Indigenous self-determination. Applicants must comply with the ethical and research policies outlined in Chapter 9: Research Involving the First Nations, Inuit and Métis Peoples of Canada of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (2022). When appropriate, applicants must also describe their data management plan in accordance with the First Nations principles of OCAP®: Ownership, control, access and possession, and/or Indigenous partnering community / organizational ethical guidelines.

Additional resources:

- First Nations Health Authority

- Health Research BC's Indigenous Research Ethics Resources

Use of generative artificial intelligence (AI) in applications

With the latest advancements and rapid uptake in generative AI (such as ChatGPT) to create content, Health Research BC discourages using generative AI tools in application development. Applications submitted to Health Research BC are expected to be the original concepts and ideas generated by the

applicant. Applicants should be aware that the content created using generative AI tools may contain the intellectual property of others, false information or biases. Applicants must ensure that their applications comply with the Tri-Agency Framework: Responsible Conduct of Research, especially pertaining to research integrity. Using AI tools could also result in your original content and ideas being harvested and used without your consent or without crediting you.

6. Indigenous health research

Health Research BC is on a learning journey towards enacting our organizational commitments to Indigenous cultural safety and Indigenous health research, grounded in respect for Indigenous self-determination and awareness of reconciliation as an active and ongoing process. Our organizational commitments to Indigenous cultural safety and Indigenous health research build on relationships nurtured and work undertaken by Health Research BC and Indigenous partners. Key among these relationships are the BC Network Environment for Indigenous Health Research (BC NEIHR) and the First Nations Health Authority.

We recognize that we are still learning how to respectfully support reconciliation efforts and develop meaningful relationships and partnerships with Indigenous people in British Columbia. Our work continues to be guided by our Indigenous partners.

Applications to this competition that propose a research project with a central focus on the health and wellness of Indigenous Peoples, as indicated in the application form, will receive an independent assessment by an expert in Indigenous health research as part of the peer review process (see Section 10. Review process).

7. Integrating equity, diversity and inclusion (EDI) considerations in research

Health Research BC has an organizational commitment to addressing systemic inequities in the health research system. Diversity in research is important to cultivating talent and promoting inclusive excellence, which in turn drives discovery and helps build a more equitable health research system.

Data from Canada and around the world show a lack of diversity in the research system, as well as systemic inequities in access to research jobs, funding and other resources. These inequities disproportionately and negatively affect groups who have been historically underrepresented among researchers and in academia, including those who are Indigenous, Black and people of colour, LGBTQ2S+ people, and people with disabilities.

As BC's health research agency, we have an important role in leading and supporting efforts to address systemic racism and other forms of bias and discrimination that create and exacerbate inequities in the health research system. We are doing this in a few ways, including continuing to seek ways to improve the design and implementation of our funding programs and peer review processes, acting as a strategic partner on an international consortium undertaking empirical research studies to advance evidence-informed research funding, and requiring all Health Research BC's peer reviewers to participate in unconscious bias training. We are in a continuous mode of listening and learning with our interested parties and international and national partners. Learn more.

Health Research BC recognizes that meaningful approaches to support EDI in research and knowledge translation (KT) will vary depending on the research topic, discipline, methods, etc.

Where guidance is needed, applicants are encouraged to consult appropriate resources, access additional training and professional development, and seek input from more experienced mentors. Some resources include:

- [NSERC Guide on Integrating Equity, Diversity and Inclusion Considerations in Research](#)

- [SSHRC Guide to Addressing Equity, Diversity and Inclusion in Partnership Grant Applications](#)

- [CIHR Resources on Integrating Sex and Gender Considerations into Research](#)

Teams that are funded through the Advancing the Use of Evidence in Seniors' Home and Community Care Program should integrate appropriate equity frameworks across their implementation and evaluation activities. Resources in this area include:

- [Canadian Association for Global Health Equity-Centered Principles for Global Health Research](#)

- Gustafson, P., Abdul Aziz, Y., Lambert, M. *et al.* A scoping review of equity-focused implementation theories, models and frameworks in healthcare and their application in addressing ethnicity-related health inequities. *Implementation Sci* **18**, 51 (2023). https://doi.org/10.1186/s13012-023-01304-0

8.   Pathway to impact (Knowledge Translation)

Health Research BC requires applicants to undertake activities to improve the use of health research evidence in practice, policy and further research. Knowledge translation activities are important enabling activities that form the "pathway to impact" for health research. Health Research BC uses the term "knowledge translation" (KT) to describe these activities, which include synthesis of research evidence, exchange of knowledge between researchers and research users, targeted dissemination and implementation of research evidence. KT activities should be chosen based on appropriateness for your type of research, your expected findings and your intended audience(s), including the people most likely to use and/or benefit from your research. We acknowledge that applicants may use other terms to refer to pathway to impact and knowledge translation, including knowledge exchange (KE) and knowledge mobilization (KM).

Engaging with research users as team members

Engaging research users[4] as partners integrated throughout the research process and KT activities (i.e. integrated knowledge translation [IKT]) increases the relevance, usefulness and useability of research evidence to improve health care and health outcomes. Research users as team members may include, for example, people with lived experience, community members, health professionals, health system decision-makers and/or researchers from other disciplines.

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[4] Research users are individuals who might use, benefit or be impacted by the results of research but are not necessarily involved in their production. These include but are not limited to: physicians, nurses, people with lived experience, caregivers, community leaders, decision-makers, other researchers, etc.

Pathway to impact resources

Health Research BC has collated additional resources to those listed below — including examples of implementation and evaluation outcomes frameworks — to support development of your project and pathway to impact activities:

[Resources: Knowledge translation and engaging with people with lived experience](#)

Knowledge translation

- [Health Research BC Knowledge Translation](#)

- [REACH BC](#)

- [A Guide to Researcher and Knowledge-User Collaboration in Health Research](#)

- [Moving into action: We know what practices we want to change, now what? An implementation guide for health care practitioners](#)

Engaging with people with lived experience and community member partners

- [BC SUPPORT Unit Information for Researchers](#)

- [Patient Engagement for Beginners](#)

- [CIHR Patient Engagement Training course](#)

- [A Journey Through Public & Patient Engagement in Health Research: A Road Map](#)

- [BC SUPPORT Unit: How patient oriented is your research?](#)

- [Workbook to guide the development of a patient engagement in research (PEIR) plan](#)

9. How to apply

The application process for the Advancing the Use of Evidence in Seniors' Home and Community Care competition is composed of two mandatory stages: the letter of intent (LOI) and full application stages. The following information pertains to the LOI stage.

Applicants are encouraged to refer to the evaluation criteria when completing their applications.

Letter of intent (development award) application

- Deadline: March 24, 2025, 4:30 p.m. PT
- Complete the letter of intent form in [Health Research BC ApplyNet](#), which includes:
    - Description of team leadership and activity plan
    - Background on health care gap and description of the proposed intervention
    - Approach to evaluate the outcomes of the proposed intervention
    - Development award budget

To complete your application, sign into or create a [Health Research BC ApplyNet](#) account, and follow the instructions in the online application form. Please note that the primary applicant co-lead, executive sponsor and evaluation co-lead must each have their own ApplyNet account. Ensure that your application is complete and submitted by the application deadline. Incomplete or late applications cannot be considered. Additional information on how to use the [Health Research BC ApplyNet](#) online platform can be found [on our website](#).

Note: The primary applicant co-lead (see [Section 4. Team composition](#)) must initiate and submit the application. The evaluation co-lead and executive sponsor may also access and edit the application form after they are nominated by the primary applicant co-lead.

Submission requirements

- All steps of the application must be submitted using the [Health Research BC ApplyNet](#) online application submission system.

- All documents uploaded into Health Research BC ApplyNet must be in PDF format.

- Applicants can access a PDF version of their application form on the ApplyNet system at any time during the application process. We recommend reviewing a PDF version of the application before submitting it.

- It is the applicant's responsibility to review the PDF copy of the application prior to submission to ensure that all data entered is complete and accurate. Once an application is submitted, **it cannot be modified in any way.**

Health Research BC reserves the right to declare applications ineligible based on the established criteria.

Note: Applicants using Health Research BC ApplyNet for the first time will need to register and create a system account. Co-leads and executive sponsors will also need a system account in order to access the application forms.

10. Review process

Applications are evaluated via a process that incorporates six principles of peer review: **integrity, accountability, transparency, balance, confidentiality and impartiality**. For more details, please see the [overview of Health Research BC's peer review process](#).

Health Research BC recognizes that each BC region brings strengths to the provincial health research system and that there is variation in the infrastructure, resources and supports available to health researchers at different institutions. Health Research BC's commitment to rigorous peer review includes ensuring applications from across BC are reviewed fairly and equitably.

The information presented in the **Evaluation Criteria** and **Rating Scale** sections below will be used for the peer review process. All applications will be assessed against a defined set of evaluation criteria (see [Appendix B – Evaluation Criteria](#)). To be considered for funding, the application must receive a minimum score of **3.5**.

Letters of intent will be screened for eligibility and relevance to the competition by Health Research BC staff. Eligible applications that are not deemed to be relevant to the program purpose and objectives will be removed from the competition. If a high volume of applications is received, triage may be applied. Eligible and relevant letters of intent will be placed into the applicable regional or multiregional/cross-cutting funding pool (see Section 3. Award amount and duration). A panel of external reviewers and Health Research BC staff with expertise in key program aspects (e.g. expertise in using evidence in healthcare and/or health system improvement, in implementation and outcomes evaluation research, and/or in engagement with people with lived experience and community members) will review applications and provide funding recommendations.

Applications to this competition that propose a research project with a central focus on the health and wellness of Indigenous Peoples, as indicated in the application form, will receive an independent assessment by an expert in Indigenous health research as part of the peer review process.

Evaluation criteria

Applications are assessed against the criteria and weightings below. A full description of the evaluation criteria can be found in Appendix B. **It is highly recommended that applicants refer to the evaluation criteria when completing their applications.**

Letter of intent – development award

Criterion	Weighting
Applicants	40%
The intervention and planning for implementation	40%
Planning for the evaluation of the implementation outcomes and the intervention outcomes	20%

Rating scale

Descriptor	Range	Outcome
Outstanding	4.5 – 4.9	May be funded (min. score of 3.5)
Excellent	4.0 – 4.4	May be funded (min. score of 3.5)
Very good	3.5 – 3.9	May be funded (min. score of 3.5)
Fair	3.0 – 3.4	Not fundable
Less than adequate	0 – 2.9	Not fundable

Funding decisions

Following application review, the highest rated applications in each funding pool are identified. Health Research BC intends to support applications from across BC and fund one to two development awards in each funding pool.[5] If there is alignment or clustering of similar proposals, Health Research BC may

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[5] The final distribution of awards will depend on the applications received and the results of the review process.

request that the respective teams collaborate and submit a single full application. Applicants are notified of the outcome of the review process after the review period and the subsequent approval of the results. There is no appeal process.

Applicants will receive notification of the funding decisions and the reviewers' comments, including any independent or external reader feedback. A list of successful applicants will be published on Health Research BC's website.

11. Award start date

Funding for development awards begins May 1, 2025. Successful applicants must confirm their acceptance of the award within the stipulated time indicated in the award notification package. Deferral of the award is not permitted.

12. Reporting, training and governance requirements

Development award training and governance

During the term of the development award, award recipients are expected to engage with Health Research BC staff to provide updates on progress around team development, full application development and project planning. This will also provide an opportunity for teams to share training and mentoring needs, which will inform Health Research BC about team support needed at the team award stage. This engagement is expected to consist of one to two virtual meetings with Health Research BC during the term of the development award.

Award recipients are strongly encouraged to participate in training workshops offered by Health Research BC during the term of the development award. These training workshops will cover topics to support the development of their full applications (e.g. best practices in learning communities, patient and community engagement, etc.). Details will be provided to applicants when they are available.

Development award reporting

Award recipients are required to submit a final report 30 days after the development award end date. Health Research BC will provide reporting information and/or materials for these purposes. The final report may include the following:

- details on the main activities that were supported by the award
- description of the involvement of co-leads and other team members.

A financial statement of expenditures, signed by the development award co-leads and an authorized financial officer of the host institution, is required within **three months** following the development award end date. Any unexpended funds must be returned to Health Research BC and may not be rolled over into the team award stage.

Attention: Training and governance requirements during the team award

During the term of the team award, Health Research BC will require successful teams to identify team members, including one co-lead and one trainee, to participate in collective learning and training across funded teams in the province throughout the duration of the award.

Throughout the term of the team award, award recipients (including the primary applicant co-lead, evaluation co-lead, executive sponsor and others as identified by Health Research BC) will be required to meet with a Health Research BC-led advisory committee every six months. These meetings will allow teams the opportunity to provide regular updates on their progress and seek any guidance as needed. The format of the meetings will be a mix of virtual and in-person. In addition, teams will participate in regular learning community meetings, which will convene all teams' co-leads and the advisory committee to share knowledge and lessons learned.

More information on the structure, timing and content of the training, advisory committee meetings and learning community meetings at the team award stage will be provided when available.

Other requirements

Health Research BC reserves the right to contact award recipients up to five years after the award end date to determine the outcomes and/or impacts of the Advancing the Use of Evidence in Seniors' Home and Community Care award.

Additionally, to inform evaluation and continued improvement of our funding programs, award recipients will be invited to provide feedback to Health Research BC staff to determine areas of improvement for this funding opportunity.

Note: Applicants may not submit an application for any Health Research funding program until all outstanding award information (e.g. final report, financial statement, etc.) requested by Health Research BC for previous grants and awards has been received.

Appendix A – Eligible Expenses

Development award

This funding opportunity will support the following costs that are reasonably and properly incurred towards (1) building a team to implement and evaluate an evidence-based intervention in seniors' home and community care, and (2) developing a funding application for submission to the full application (team award) stage of this funding program.

Applicants must provide justification for the amount of funds being requested, including a breakdown of estimated costs for eligible expenses, within the budget section of the online application. Eligible costs must be incurred within the funding period specified for each stage. Health Research BC will not support any expenses incurred prior to, or after completion of, the funding period. Expenses must be incurred within BC, with any exceptions considered on a case-by-case basis with clear justification within the budget.

Additional contributions

Health Research BC encourages applicants, when appropriate, to engage other organizations and interested parties to:

- contribute to the implementation and/or evaluation of an evidence-based intervention in seniors' home and community care; and/or

- enhance the availability of funding for the proposed implementation and/or evaluation activities through additional cash or in-kind[6] support.

Any additional in-kind or cash support should be indicated in the budget section of the application.

Human resources

Eligible expenses

- Partial or full salary support to hire dedicated staff to work directly on the proposed activities and/or buy-out/release time from work to support health authority staff members and/or other research users on the project team for time spent directly on the proposed activities, if their participation in such activities is not part of their usual job description. These activities may include (but are not limited to):
    - participation for team building, collaboration and knowledge translation/exchange;
    - preparation of background materials (e.g. environmental scans, compilation of existing data on intervention efficacy, etc.);
    - coordination and setup of data sharing agreements
    - development of the full application.

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[6] Cash-equivalent goods or services that represent an incremental expense that the partner would not normally incur and which would have to be purchased by award funds if not donated. This can include research and technical staff, providing direction and direct participation in the project, or the provision of access to specialized and/or proprietary equipment, tools or technology.

- Research / health professional trainees and staff may be paid to complete services directly related to and integral to the success of the proposed activities.

- The [Tri-Council Policy Statement 2 (Chapter 9 Research Involving the First Nations, Inuit and Métis Peoples of Canada)](#) recognizes the importance of respecting the cultures and traditions of Indigenous Peoples. To facilitate culturally safe activities, eligible expenses may include (but are not limited to):
  - costs related to Indigenous community mobilization and engagement, including culturally relevant promotional items such as tobacco, cloth, feasting and gift giving for honouring ceremonies and cash reimbursements (in a method acceptable to the individual or community being reimbursed) to compensate community participation; and
  - contracts and/or consultant fees for knowledge translation and communication activities for Indigenous Elders, community members and Indigenous Knowledge Holders involved in activities related to the Indigenous community.

- Fees for consultants, knowledge brokers, or similar.

- Cost of caregiving services (e.g. childcare or eldercare) to allow key participants to participate in essential project activities, where their participation is voluntary or otherwise not an expected part of their professional responsibilities.

Non-eligible expenses

- Partial or full salary support for team members who receive compensation for their activities as part of the team through their existing employment, excluding buy-out/release time from teaching, clinical or administrative duties.

- Costs relating to staff hiring or training.

Services and supplies

Eligible expenses

- Costs for the purchase or maintenance of equipment directly related to, and used primarily for, the proposed activities.

- Direct costs associated with bringing people together for the purposes of collaborating, networking and knowledge exchange, including planning, coordination, translation and/or outreach activities (e.g., teleconference call, internet conferencing, etc.).

- Direct costs associated with co-ordinating data-sharing agreements that will be needed during the team award stage.

- Meeting rooms and associated meeting costs (e.g. audio-visual equipment fees, videoconference fees, registration services, etc.).

- Office costs including supplies, communications, stationery, photocopying, software and network or internet access directly related to, and used primarily for, the proposed activities.

- Hospitality costs (non-alcoholic refreshments and/or meals).

Non-eligible expenses

- Costs associated with pilot research studies or research operating funds (e.g., primary research or primary data collection including surveys).

- General overhead and capital costs typically funded by the host institution and/or other collaborating organizations (e.g. facility operating costs, capital costs, rent/lease costs, utility costs, insurance costs, etc.).

- Other expenses already funded by another grant (Health Research BC-funded or otherwise), e.g. publication costs, open access fees, etc.

- Purchase of alcohol.

Travel

Eligible expenses

- Travel to attend collaborative meetings directly related to the activities for which funds were awarded.

- Travel and accommodation for invited guests if integral to the proposed activities.

When travelling by air, individuals must obtain the most economical airfare which, in most cases, is economy class. First or business class air travel may <u>only</u> be authorized in specific circumstances where warranted (such as where the in-flight travel time exceeds five hours or to meet the accessibility needs of travelers), and if allowed by the host institution's financial policies and approved by Health Research BC and the appropriate financial officer at the host institution.

Non-eligible expenses

- Travel for candidates under recruitment consideration or for relocation purposes.

- Travel to attend conferences, workshops, symposia, congresses, etc. <u>not directly related</u> to the proposed activities.

- Passport and immigration fees.

- Reimbursement for airfare purchased with personal frequent flyer points.

- Reimbursement for costs resulting from a stopover requested for reasons unrelated to the primary purpose of travel.

All items not specified should be deemed as non-eligible expenses unless prior approval from Health Research BC is received. If the applicant can demonstrate the added value and make a case for an item identified as an ineligible expense, then Health Research BC will evaluate the merit of the justification. **The case must be made before the expense is incurred.**

Appendix B – Evaluation Criteria

To support the strategic objectives of this funding opportunity, the following evaluation criteria will be used.

Letter of Intent (LOI) Stage

1. **Applicants (40%)**

   - Proven leadership, administrative expertise and time commitment of the primary applicant co-lead for the overall coordination and administration of the proposed work and demonstrated experience implementing interventions in a health care system setting. Where the primary applicant co-lead is also the executive sponsor, the primary applicant co-lead has an adequate level of decision-making authority, will provide adequate support to ensure team readiness and capacity and utilization of project learnings and outcomes, as well as the necessary environment and institutional support for the term of the development award.

   - For applications that include an executive sponsor who is different from the primary applicant co-lead: adequate level of decision-making authority and time commitment by the executive sponsor and adequate support to ensure team readiness and capacity, and utilization of project learnings and outcomes. Availability of the necessary environment and institutional support for the term of the development award.

   - Demonstrated expertise and experience of the evaluation co-lead to design and lead an evaluation of the implementation outcomes and intervention outcomes.

   - Appropriate complement of expertise among the identified co-leads and team members to complete the activities described in the application, including a team member(s) with expertise with relevant established implementation and outcomes evaluation frameworks (or a plan to recruit team member(s) with this expertise).

   - Quality and completeness of the team collaboration plan to build the team and complete the proposed work, with contribution of sufficient time to the proposed work by each individual team member, including co-leads and executive sponsor, to ensure the achievement of the objectives.

   - Quality of collaborations and linkages of the executive sponsor and co-leads.

   - The appropriateness and completeness of the budget, including adequate level of detail and adequate justification of expenses.

2. **The intervention and planning for implementation (40%)**

   Intervention

   - Clear description of the health care issue/gap that the intervention will address, including how it was identified, why it is a priority and evidence that the perspectives of people with lived experience and community members were included in the assessment of the gap and its importance.

   - The extent to which the scope and vision of the intervention aligns with the purpose and objectives of this funding opportunity.

   - The extent to which the proposed intervention addresses the identified gap and is suitable for the internal and external context(s) in which it will be implemented. Consideration that the proposed intervention is adoptable, implementable, scalable and sustainable beyond the term of the development and team awards, as appropriate for the context of the intervention.

   - Completeness and validity of the body of evidence that supports the selection of the proposed intervention including evidence that the perspectives of people with lived experience and community members informed the selection of the intervention.

   - Potential of the intervention to make an impact on the health of seniors in home and community care.

   Planning for implementation

   - A clear plan to engage all relevant communities and/or key interested parties during the implementation of the intervention, as appropriate for the intervention and context.

3. **Planning for the evaluation of the implementation outcomes and the intervention outcomes (20%)**

   - Appropriateness of the proposed research questions related to the evaluation of the implementation outcomes and the intervention outcomes.

   - Potential impact of the evaluation of the implementation outcomes (e.g. adoptability, implementability, sustainability) for key audiences (e.g. those delivering the intervention, those receiving the intervention, and key decision-makers).

   - Potential impact of the evaluation of the intervention outcomes for key audiences (e.g. those delivering the intervention, those receiving the intervention, and key decision-makers).