# INNOVATION FUNDING SUBMISSION FORM

**Please ensure you read the Innovation Funding Terms of Reference before completing this form**

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| --- | --- | --- | --- | --- |
| **Submission Date** |  | | | |
| **Division Name** |  | | | |
| **Board Chair / Lead Name** |  | | | |
|  | **Email** |  | **Phone** |  |
| **Board Chair / Lead Signature** |  | | | |
| **Executive Director Name** |  | | | |
|  | **Email** |  | **Phone** |  |
| **Executive Director Signature** |  | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name** |  | | | | | | |
| **Proposed Start Date** |  | | **End Date** | | |  | |
| **Amount Requested** | **$** | | | | | | |
| **Project lead(s) - *Physician and/or staff name(s)*** |  | | | | | | |
|  | **Email** |  | | **Phone** | | |  |
| **Describe the project – Its objectives and the identified need(s) it addresses**  **(max 500 words)** |  | | | | | | |
| **Community - *List community (ies)/municipality(ies) impacted by this project*** |  | | | | | | |
| **Focus Area of Project– *Check all that apply*** | Attachment  Child Youth Mental Health  Collaboration/Partnership  Community Event  Community/Patient Navigation  Continuing Medical Education  Electronic Medical Record (EMR) First Nations  Immigrants/Refugees  Locums  Maternity Care  Mental Health Substance Use  Mentorship | | | | MOAs  Nurse in Practice  Pathways  Practice Coverage  Practice Support & Efficiencies  Primary Care Network (PCN)  Rural Issues  Senior/Frail Elderly  Students/Residents  Team-based Care (TBC)  Virtual Care  Other, please specify: | | |
| **Target Demographic/Population *– Check all that apply*** | Cancer Patients/Survivors  Children and Youth  Complex Patients  First Nations  LGBTQ+  Low Income | | | | Maternal  Mental Health  Seniors/Frail Elderly  Substance Use  Unattached Patients  Other, please specify: | | |
| **If this is a replication or modification of another project, please provide details.** |  | | | | | | |
| **Partners - *List key partners contributing resources to this project/initiative & briefly describe their role (funding, or in-kind).*** |  | | | | | | |
| **Stakeholders *- List the major stakeholders* *that* *will be affected by, or that may affect, this initiative*** |  | | | | | | |
| **Sustainability -**  ***If the project is to pilot or implement a new initiative with the intent for it to continue, describe how will the initiative be sustained? Your plan must specify sources of ongoing/operational funding and must demonstrate how this funding will be secured.*** |  | | | | | | |
| **Timeline & Milestones -*Include key dates and milestones*** |  | | | | | | |
| **Outcomes and Impact - *Describe anticipated outcomes and desired impact*** |  | | | | | | |
| **Using the Impact Measurement Framework, identify the impact(s) of this project to patients, community, population.**  ***Check all that apply*** | Providing Quality Care – Access to Care  Providing Quality Care – Integrated Care  Providing Quality Care – Appropriate Care  Supporting Physicians to Practice  Robust and Sustainable Community of Physicians | | | | | | |
| **Using the Impact Measurement Framework, identify the change enablers that are applicable for this project**  ***Check all that apply*** | Meaningful Member Engagement  Physician Leadership  Robust Partnership & Integrated Planning  Vision, Planning & Governance  Influence  Learning Organization  Operational Support | | | | | | |
| **Evaluation - *Describe how progress will be assessed and impact measured*** |  | | | | | | |
| **Risk Management -**  ***Please highlight any risks that need to be managed, and provide the risk mitigation strategy for the project*** |  | | | | | | |

| **BUDGET**  ***How will you allocate requested funds? The project’s total budget may exceed requested amount*** | | |
| --- | --- | --- |
| **Expense Category** | **Total Project Budget** | **Innovation  Fund Request** |
| **Staff *(please list roles & FTEs)*** | $ | $ |
| **Physician Sessionals *(please list roles and hours)*** | $ | $ |
| **Professional fees *(please specify: consulting, legal, financial, instructors, etc.)*** | $ | $ |
| **Travel costs if appli*cable (standard GPSC rates)*** | $ | $ |
| **Event/meeting expenses: *meeting room, AV equipment, food*** | $ | $ |
| **Supplies & expenses**  ***(e.g. print and materials)*** | $ | $ |
| **Other *(please specify)*** | $ | $ |
| **In-kind support if applicable *(list sources and value)*** | $ | $ |
| **TOTAL** | **$** | **$** |

|  |  |  |
| --- | --- | --- |
| **PARTNER CONFIRMATION**  ***Letter(s) of support are required from key partner(s) to the project*** | | |
| **Contact Name** | **Title / Organization** | **Phone / Email** |
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**Submission**: Please send the funding submission to your GPSC Community Liaison

**Innovation FundING**

**Terms of Reference**

***Revised – February 2019***

1. **Overview**

Divisions have contributed unspent Infrastructure funds to an Innovation funding pool. These funds are intended to support divisions’ creativity and resourcefulness to develop or adapt projects or initiatives that enhance primary health care delivery in their community or region.

1. **Innovation Fund Principles**

**Relevance:** Consistent with GPSC goals to:

* Increase access to appropriate, comprehensive, quality primary health care for each community.
* Improve support for patients, particularly vulnerable patients, through enhanced and simplified linkages between providers.
* Contribute to building a more effective, efficient, and sustainable health care system in order to increase capacity and meet future patient needs.
* Retain and attract family doctors and teams to work together in healthy and vibrant work environments.

**Locally informed and led**: Projects will be innovative yet practical, and will focus on a sustainable strategy or promising practice. They will be locally-informed and led, and will enhance the health care system, processes, or practices in the community.

**Collaborative**: Evidence of collaboration with community partners and/or other Divisions is required.

**Innovative**: new concept / approach or a unique adaption for local use of an existing concept / approach

**Shareable**: share knowledge with other divisions and the GPSC

1. **Funding Amount**
2. One-time funding with a maximum of **$100,000** per division per fiscal year.
3. Up to three separate grants per Division not exceeding the $100,000 overall cap per fiscal year.
4. The $100,000 cap may be raised if more than one Division is involved.
5. All projects will conclude within 12 months of the date of the fully executed FTA.
6. Financial, quantitative, and qualitative reporting that demonstrates impact and learnings is required within one month of the approved project completion date. A reporting template will be provided
7. Unspent funds must be returned to the GPSC at the end of the approved project completion date.
8. **Eligible Projects**

* Community-informed and locally-led solutions to address identified gaps, issues, or opportunities, within the context of the Division Impact Measurement Framework.
* Division-led and physician-driven
* New ideas or replication/modification of existing projects from other divisions or elsewhere.
* Align with the Division’s strategic plan/priorities.
* Funds will support projects that are within GPSC mandate but are not eligible for funding from other sources.
* Funding will support:
  + one-time projects.
  + the development/implementation of new initiatives that will be sustained by other means. Funding request must demonstrate that funded initiative will be continued post-implementation from other sustainable funding sources.

1. **Use of Funds and Types of Expenses**

**Type of Expenses**

**Eligible**

* Physician time (sessional)
* Travel costs if applicable (standard GPSC rates)
* Additional division staff time (if required)
* Professional fees (consulting, legal, financial, instructors, etc.)
* Event/meeting expenses: meeting room, AV equipment, food
* Supplies & expenses ( print materials, etc.)

**Ineligible**

* Capital equipment
* Compensation for clinical services (e.g. allied health professional time)
* Purchase of alcohol
* Purchase of clinical equipment
* Donations to any entity including charities, non-profit organizations and political parties
* Advertising
* Funds may not be used to top up initiatives otherwise funded by GPSC/Shared Care/SSC
* Expenses supported by Infrastructure funding, expenses that pre-date project approval, rent/lease/capital improvements, technology solutions provided through the Divisions IT infrastructure, events, or attendance at conferences/training. They are for strategic initiatives, not for operational or ongoing work
* Other potential costs or purposes as the GPSC may determine from time to time

1. **Submission Requirements**

All funding requests must include:

* Letter(s) of support from key partners / stakeholders to the project
* Project plan and timeline including an evaluation plan
* Project budget and proposed sources of funding including identification of contributions of partners/other funders - financial or in-kind

1. **Approval Timeline, Process, and Reporting Requirements**

**Timeline**: Innovation fund requests will be accepted on a continuous basis, with the caveat that all projects must be completed within 12 months of the date of the fully executed FTA.

**The Review Process:** The aim is to provide Divisions with a response to their funding request within six weeks of receipt of a complete submission. As additional information may be required, and as funding approval comes from CPQI Leadership Team, there may be a delay depending on meeting schedules and agendas.

1. **CPI Review:** Submissions will be reviewed within one week of receipt for clarity, compliance with criteria, and concerns. Divisions may be asked to provide clarification or additional information.
2. **CPQI Leadership Review:** Submissions and accompanying CPI feedback will be reviewed. The leadership team will note if: they have concerns with the project as related to the Innovation criteria; there is unnecessary overlap with other initiatives; or they see positive synergy with other initiatives. They will either:

a) support the request;

b) recommend a smaller amount of funding (with a rationale, e.g. budget, division capacity, etc.);

c) require additional information; or,

d) withhold support, with rationale provided.

1. The CPQI Leadership Team decision will be communicated to the Division by the GPSC Community Liaison.

**The FTA and Funds Transfer Process:** Upon receiving the approval from CPQI Leadership, our Contracts Coordinator will facilitate Funds Transfer Agreement (FTA) approval. Unless specified otherwise, the Divisions shall receive the funds in their bank account within two weeks of the date of the fully executed FTA.

**Please contact your GPSC Community Liaison if you need guidance or have questions.**