Child Health Research Development Fund 2020-2021

The Alberta Children’s Hospital Foundation, Child Health Research Development Fund provides salary support for Allied and Nursing professionals in order to develop research that has the potential to improve the health and well-being of infants, children, and youth under the age of 18 years of age and their families.

The focus is to encourage staff at a research novice level to engage in research initiatives. A novice researcher is a health professional who holds an Undergraduate, Master’s or Doctoral degree without any dedicated research responsibilities within current position.

The total value of the 2020-2021 fund is $20,000. Four projects will be funded at $5,000. Priority this year will be given to one application that explores Virtual Health.

Projects must be completed by March 31, 2021. Knowledge Translation activities must be completed by September 30, 2021.

The deadline for applications is midnight Friday, October 2, 2020

Application Process

The Application includes pages 3, 4 and 5 of this Application Form, plus a 5 page (maximum) Proposal.

Send an electronic copy of the application form, inclusive of signatures, and the 5 page proposal to: Beverly.Collisson@ahs.ca and Brian.Brooks@ahs.ca; cc to: Conny.Betuzzi@ahs.ca.

Applicants must identify a research mentor to support creating a research project that is feasible and relevant to current practice. Following submission, a Review Committee will review the submissions against defined criteria outlined in this application form. Successful applicants will be informed of the Review Committee’s decision.

The following resources may be useful when preparing the application;
- For Literature Search assistance: Library staff at ACH and the Knowledge Resources Services (KRS) of AHS
- For Literature Review guidance: Knowledge Management Consultant, AHS
- The EBSCO Nursing and Rehabilitation Reference Centers on the KRS page in Insite.
Research Proposal

(Maximum 5 pages excluding Reference Page)

Submit a concise description of your proposed project using the adjudication criteria outlined below.

Rationale (Concept, Significance, Impact)
Is the idea creative?
Does it address a knowledge gap?
Does it have potential to advance child health outcomes?

Questions/Objectives
Are the goals and objectives well defined?

Approaches and Methods
Are the approaches and methods appropriate to deliver the proposed outcomes, outputs, or impacts?
Are the timelines and deliverables realistic?

Knowledge Translation
Do the Knowledge translation plans describe next step or next level research opportunities (e.g., lead to the next stage in the research process, new funding, project dissemination)?
Is the knowledge translation plan well-defined and appropriate to the scope of the project?

Budget

Outline the number of hours, with hourly rates and benefits, using the table on page 5.

Detailed Work Plan

Describe the roles and specific tasks to be accomplished for each person requesting funding, using the table on page 5.

Reporting Guidelines

Successful recipients of this Fund and their Managers will be provided with a copy of the Report of Time and Report of Outcomes, to summarize the time utilized with the Child Health Research Development Fund and the outcomes of the project. It is the responsibility of both the recipient and the recipient’s Manager to ensure that this Report is completed, and that learnings are disseminated and translated to appropriate audiences.

The Report should include, the numbers of hours worked, how and where the Project influenced practice, how the information was disseminated, whether further funding was sought and/or awarded, and the type of reports and publications that were prepared. Recipients are also encouraged to later send in their final versions of presentations, reports and publications, so that they are available to the Leadership Team and the Funder.
APPLICATION FORM

1. Title of proposed project (10 - 15 words):
   __________________________________________________________
   __________________________________________________________

2. Anticipated Start Date: ____________________

3. Principal Investigator/Applicant
   Name ______________________________ Role in Project ________________
   Discipline ______________________ Program __________________________
   Telephone ______________________ Signature __________________________
   Mailing Address __________________________________________________
   Office Location __________________________ Cost Center __________________

4. Supporting Applicant(s) or Collaborator(s)
   Name ______________________________ Role in Project ________________
   Discipline ______________________ Program __________________________
   Telephone ______________________ Signature __________________________
   Office Location __________________________ Cost Center __________________

   Name ______________________________ Role in Project ________________
   Discipline ______________________ Program __________________________
   Telephone ______________________ Signature __________________________
   Office Location __________________________ Cost Center __________________

   Photocopy this page for additional collaborator signatures

5. Research Mentor
   Name ______________________________ Role in Project ________________
   Discipline ______________________ Program __________________________
   Telephone ______________________ Signature __________________________
   Mailing Address _________________________________________________
   Office Location __________________________ Cost Center __________________

6. Current Role and FTE of the Principal Investigator
Approvals:

Manager(s)  Discipline/ Practice Leaders(s):

**Please Note** – Manager(s) are approving the application and the budget page

_______________________(please print)  _______________________(please print)

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_______________________(signature)   _______________________(signature)
The signature of the Manager(s) on page 4 indicates their agreement with this plan.

### Budget (Based on Detailed Work Plan)

<table>
<thead>
<tr>
<th>Name</th>
<th>Salary/hr</th>
<th>Total # of Hours</th>
<th>Total</th>
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Sub-total

Benefits

Total Cost

### Detailed Work Plan and Monthly Timeline

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<tr>
<th>Staff Role</th>
<th>Hours per Month</th>
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<tbody>
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<td>Name of Staff</td>
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