

Application Form

Research and Innovation Hub

Department of Family and Community Practice
Vancouver Community of Care · Vancouver Coastal Health

Applicant name		Date	
Privilege / CMP category		Primary work setting	
UBC faculty rank (if any)		Email / contact	

STREAM APPLIED FOR (select one)		
☐ Navigator project registration only	☐ Improver / Collaborator up to \$5,000	☐ Scholar \$20,000 stipend

PROJECT OR ACTIVITY	
Title	
Activity type (select all)	☐ Research ☐ Evaluation ☐ Quality improvement ☐ Innovation ☐ Education research
Description	Brief description of the project or activity, its relevance to clinical or operational challenges within VCH, and expected outputs (max 250 words)
Timeline	Start: End: Key milestone dates:
Co-investigators / collaborators	
Ethics / REB status	☐ Not required ☐ To be submitted ☐ Submitted (RISe #:) ☐ Approved

BUDGET (Improver / Collaborator: itemise below. Scholar: \$20,000 stipend — describe how protected time will be used.)	
Item	Amount (CAD)
Total requested	\$

OTHER FUNDING (all applicants must complete)	
Funding explored	List sources explored (e.g. CIHR, VCHRI, Shared Care, PLSP, UBC CPD) and outcome (applied / declined / not eligible / pending). If none explored, state why.
Current external funding held for this project	☐ None ☐ Yes — source and amount:
Note: PLSP requires itself to be the sole funding source. A departmental award and PLSP cannot fund the same activity. Hub funds may supplement but not duplicate another source for the same cost.	

SCHOLAR APPLICANTS ONLY	
☐ Named external mentor confirmed (name and affiliation:) ☐ Brief plan for use of the 35 protected sessions (how the time will be distributed and key milestones) ☐ Target external funder and anticipated submission date for the grant application	

DISSEMINATION APPLICANTS ONLY (conference, publication, abstract)	
☐ Evidence of acceptance attached (abstract acceptance letter, invitation, or proof of journal submission) ☐ Role: ☐ Primary author / presenter ☐ Co-investigator ☐ Lead presenter	

DECLARATION AND SIGNATURE	
I confirm that I am a member in good standing of the Department of Family and Community Practice. The information provided is accurate and complete. I understand that funded activities must be reported within 60 days of completion and that receipts must be submitted in accordance with VCH expense policy. I agree to register all outputs with the Hub and to present findings to the department if requested.	
Signature:	Date:
FOR DEPARTMENT USE Reviewed by Hub Lead: Approved / Not approved	

Submit electronically to the Department Administrator at least four weeks before the activity start date. Scholar applications are reviewed in competition; Improver / Collaborator and dissemination applications are reviewed on a rolling or quarterly basis. Decisions are communicated within ten business days of a complete application.