**KGHPS Facility Engagement Funding Application**

Please submit the application **no later than the last day of each month** so that we can circulate it to the KGHPS Working Group who will review and rank all submitted proposals and make decisions on funding allocations. The applicant may be asked to present or provide additional information. ***(Please review Funding Guideline 002 –*** [***click or tap here***](https://www.kelownaphysicianssociety.ca/documents/)***).***

The applicant will receive notification of the status of the application within 4 to 6 weeks from date of submission.

***Please note:*** All new funding requests are **not to exceed $10,000.**

**Project Title:**

**Proposed Timeframe:** *Please note funding for FE Projects is annualized and does not carry over automatically into next fiscal year.*

**Total Funding Amount Requested ($10,000 maximum):**

**Submitting Department(s) / Division / Group:**

**Name of Principal Physician Applicant(s):**

**Names of other participating physicians and/or medical staff (separate by coma):**

**Project Lead:**

**Main Contact Name(s):**

**Contact Telephone Phone Number(s):**

**Contact E-mail Address(es)**

**Application completed by (name):**

**Date of Submission:**

**Additional Comments (if any):**

**STATEMENT OF THE PROBLEM OR NEED**

**Concisely summarize the issue and relevant background information, i.e. what led up to the issue? How has it evolved? Describe the current situation. What problem / need is the project designed to address?**

**AREA(S) OF IMPACT**

**Identify all areas that resolution to this issue would affect.**

Patient Care Physician Work Environment

Population Health Reduction in Per Capita Cost

Capacity & Flow Physicians Representation / Input Mechanisms

Patient Safety Use of Allied Health Professionals

Electronic Systems Communication with Physicians

Communication with Health Authority Delivery of Program Services

Passion & Energy

**HOW WILL THE FUNDS BE USED? PROJECT DELIVERABLES AND BENEFICIARIES**

**Describe the objective of the project; how funds will be used and potential outcomes. What is the project designed to achieve, create or deliver? Please identify who will derive benefit from the expected outcome.**

**STRATEGIC CONTEXT**

**Explain how the project relates to the vision/mission of the KGH Physicians Society, as well as the strategic goals of hospital / Interior Health.**

**TIME FACTORS**

**How long is the intended project to last? Are there any deadlines to consider? Please note funding for FE Projects is annualized and does not carry over automatically into next fiscal year.**

**SPECIAL PROVISIONS**

**Are there any environmental factors, such as regulatory requirements, ethical considerations or legal ramifications to be considered?**

**RELATED PROJECTS**

**Identify any other projects that may be related to this one or that may be affected by this initiative.**

**PROJECT ASSUMPTIONS AND CONSTRAINTS**

**Identify any assumptions or constraints that have been identified, i.e. any factors that are considered to be true and will be assumed to be true during the duration of this project or anything that will restrict the ability to successfully achieve the project objectives.**

**HEALTH AUTHORITY (HA) ENGAGEMENT**

*Please note: Any proposed activities involving patient care, flow, environment, data analytics, allied health, resources for sustainability would benefit from early consultation with HA.*

**Indicate how/if the HA has been/will be informed of the activity, consulted with, involved, and/or a collaborative partner, as applicable.**

I am aware of the appropriate HA contacts and have included their names below.

|  |  |
| --- | --- |
| Name | Title |
| Department | Contribution |
| Name | Title |
| Department | Contribution |
| Name | Title |
| Department | Contribution |

**EVALUATION PLAN**

**Indicate how you will assess whether the activity’s objective is being met. Consider how and when data (i.e., indicators) will be collected and analyzed. Please advise if you require assistance developing an evaluation plan.**

**Project Expenses**

**Sessional fees are $176.18 per hour. \*Maximum meal expenses: up to $40 per person (including taxes, gratuities and service fees – alcohol cannot be funded). Funding cannot be provided for retroactive project work except for up to 3 hours for Project Lead for working on application.
NOTE: The Director, Facility Engagement can assist you in developing the Project Budget within the guidelines.**

*Please note: Sessional Fees must be submitted within 90 days of the meeting or activity taking place; otherwise, it will be rejected by FEMS.*

Please be sure to complete the 'Description' field in FEMS and **enter sessional time as it occurs rather than one lump sum.**

Implementation Expenses: (For larger, more complex projects expenses can be divided into planning, implementation, evaluation or dissemination phases – please work with the Facility Engagement Director to assist you in developing the budget.)

**Sessional Fees: Itemize Use:** (must be filled in)

|  |  |  |  |
| --- | --- | --- | --- |
| Number of Physicians | Number of Hours /Physician | Sessional Rate | Total Sessionals |
|  |  | $176.18 |  |

**Meals: up to a maximum of \*$40 per person**

|  |  |  |
| --- | --- | --- |
| Number of Physicians | Meal Cost | Meals Total |
|  |  |  |

**Project Support: Total not to exceed 50% of the overall budget. \*Rates cannot be higher than $95/hour.**

|  |  |  |
| --- | --- | --- |
| \*Administrative Support Rate | Number of Hours | Administrative Support Total |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| \*Project Manager Rate | Number of Hours | Project Manager Total |
|  |  |  |

**Other Costs**

|  |  |
| --- | --- |
| Description | Cost |
|  |  |
|  |  |
|  |  |

**Total Requested ($10,000 maximum):**