

- Please submit one electronic file in **PDF format**. Combine your application and supporting documents into **one** PDF file
- Send PDF submission of **SigPkg** by email to [khagan@bccancer.bc.ca](mailto:khagan@bccancer.bc.ca) and [jmckenna@bccancer.bc.ca](mailto:jmckenna@bccancer.bc.ca) . **SigPkg Deadline: October 18<sup>th</sup>, 2024, at 10:00 AM**
- Send PDF submission of your application by email to [research.kt@bccancer.bc.ca](mailto:research.kt@bccancer.bc.ca). Receipt of your application will be confirmed. **Application Deadline: October 25<sup>th</sup>, 2024, at 4:00 PM**

### 1. Application Details:

<b>Project Title</b>	
<b>Have you changed the title of your project after submitting the Registration Form?</b>	
Yes	No
<b>PI Full Name</b>	
<b>FAS #</b>	

### 2. Lay Public Summary: (2100 character count)

*Using language accessible to a lay audience (someone who does not have a scientific background), describe your proposed project, indicating how your proposed research will address questions raised by BC Cancer nurses and allied health providers working at the point-of-care.*

**3. Research Abstract: (4200 character count)**

*Provide a clear, concise description of your research proposal that includes the issue to be addressed, overall objectives of the research, brief description of the methodology, and anticipated outcomes.*

**4. Research Proposal: (16,800 character count)**

*Please provide your detailed research proposal including background, literature review, research question/problem statement, research design and methods and KT plan. Figures and tables, references, deliverables, study team composition and budget will be provided in later sections of this application.*

**5. Nursing and Allied Health Provider Involvement Plan & Role (state the meaningful engagement, contribution, and include a contingency plan): (4200 character count)**

*Provide a summary of how you will incorporate and meaningfully engage nursing and allied health (NAH) providers throughout the research process. Please note you are required to include at least one BC Cancer NAH provider as a co-PI or co-investigator on the study.*

**6. Figures and Tables: (2 pages max)**

*Please provide any figures and tables supporting your proposal here or added as appendices at the end of the document. For more information on format, please refer to the FAQ document.*

**7. References (Vancouver/ ICMJE style):**

*Please provide any references for your research proposal here. For more information and examples of Vancouver/ ICMJE style reach out to your regional BC Cancer Librarian or refer to: <https://libguides.murdoch.edu.au/Vancouver/home>*

**8. Anticipated Deliverables and Outcomes: (4200 character count)**

*Describe the products anticipated to result from this program such as publications, tools, tactics, frameworks, educational materials etc. Include a clear knowledge translation, dissemination and implementation plan for how the results will be shared with relevant audiences and stakeholders.*

**9. Team Summary: (4200 character count)**

*Please describe the roles, responsibilities, and interactions of the study team members.*



### 10. Budget and Justification:

1. BC Cancer Personnel						
Funds may be used for (including, but not limited to): <ul style="list-style-type: none"> <li>Purchasing time for BC Cancer staff team members to work on the research project. <ul style="list-style-type: none"> <li>For buy-out time of BC Cancer staff, including team leader and/or team members, list team members at their regular BC Cancer hourly pay rate plus 26% for benefits (casual employees plus 13% benefits).</li> <li>More than one team member's time may be purchased.</li> </ul> </li> <li>Purchasing time for BC Cancer staff who are not team members.</li> <li>Purchasing time for BC Cancer staff who provide research assistance, secretarial, methodological advisory, statistical advisory, computing, transcribing or translating services, etc.</li> </ul> For service providers and consultants who are <u>NOT</u> BC Cancer staff: <ul style="list-style-type: none"> <li>Purchased time should be included in section 3. – <i>Purchased Services &amp; Consultants</i>.</li> </ul>						
1a. BC Cancer Employees – Purchased Time						
Employee Name & Title	Project Contribution Description	# of Hours (A)	Hourly Rate (B)	Salary I = (A) x (B)	Benefits (D) = I x 26% or 13%	Compensation I = I + (D)
1a. Compensation Subtotal (F)						\$

2. Supplies, Consumables and Sundry Expenses		
Funds may be used for include, but are not limited to: <ul style="list-style-type: none"> <li>Office supplies and printing.</li> <li>Minor equipment, software site licenses, meeting expenses.</li> <li>Travel (does not include commute to regular work location).</li> <li>Presentation and publication of findings.</li> </ul> <i>Catering, meals and entertainment expenses <u>for meetings with team members only</u> are not eligible.</i>		
Item Description	Project Contribution Description	Expense \$
2. Supplies, Consumables & Sundry Expenses Subtotal (K)		\$

3. Purchased Time		
<ul style="list-style-type: none"> <li>This is for the purchase of services and consulting from providers who are <b>NOT</b> BC Cancer employees.</li> <li>Purchased time of BC Cancer staff should be included in section 1a. – <i>BC Cancer Employees – Purchased Time</i>.</li> <li>Funds may be used for include, but are not limited to: <ul style="list-style-type: none"> <li>Research assistants, methodological advisors, statistical advisors, secretarial, computing, transcribing or translating services, etc.</li> </ul> </li> </ul>		
Service Description	Project Contribution Description	Expense \$
<b>Purchased Time (L)</b>		<b>\$</b>
<b>TOTAL BUDGET = (F) + (K) + (L)</b>		<b>\$</b>

*Budget Justification:*

**A. Salaries and Wages**

**B. Supplies, Consumables and Sundry Expenses**

**C. Purchased Time**

**11. Other Funding Sources**

*Have you applied to other funding sources for this project? If so, please specify source, amount, and date by which a decision about funding will be known. If other funds have been awarded, please specify amount.*

Source:

Amount:

Dates:

**12. Principal and Co-Investigator Abbreviated CV:**

*Please attach abbreviated CV's as appendices to this application in your preferred format, 2 pages max per person*

**13. Conflicts of Interest Declaration - Peer Review Process**

*Please declare any potential conflicts of interest related to the proposed study and/or funding*

**Signatures:**

<b>Project Title:</b>
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<b>Head of Department:</b> <b>I confirm that I am aware of the contents of the application being submitted.</b>	<b>PI:</b>
<b>Name:</b>  <b>Signature:</b>   <b>Date:</b>	<b>Name:</b>  <b>Signature:</b>   <b>Date:</b>
<b>Head of Department/Manager:</b> <b>I confirm that I am aware of the contents of the application being submitted.</b>	<b>CO-PI:</b>
<b>Name:</b>  <b>Signature:</b>   <b>Date:</b>	<b>Name:</b>  <b>Signature:</b>   <b>Date:</b>
<b>Head of Department/Manager:</b> <b>I confirm that I am aware of the contents of the application being submitted.</b>	<b>CO-Investigator (add more rows if needed):</b>
<b>Name:</b>  <b>Signature:</b>   <b>Date:</b>	<b>Name:</b>  <b>Signature:</b>   <b>Date:</b>

**Appendices**

{Attach any appendices here}