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| Program for Research and Innovation in Primary Care and Medical Education (PRIME) Grant  Programme de subvention (PRIME) pour la recherche et l’innovation en soins primaires et en éducation médicale |
| Objective: Support research and innovation in primary care and medical education.  Up to $20,000 per project towards:   * + Research Assistant support,   + Dissemination cost,   + Project operating costs.   Note:   * + Investigator’s salary or honoraria will not be funded.   + Projects must be completed within two years – remaining funds are to be returned. |
| Eligibility: The Primary Investigator (PI) is a health care professional with a full-time or part-time primary academic appointment as Assistant Professor, Associate Professor, Full Professor or Emeritus Professor with a primary appointment in the Department of Family Medicine at the University of Ottawa AND DOES NOT HOLD/HAS NOT HELD AN EXTERNAL GRANT AS PRIMARY INVESTIGATOR. |
| Application Process:  Submit to [PRIME@uOttawa.ca](mailto:PRIME@uOttawa.ca) the attached *Letter of Intent* and accompanying documents (see checklist) by October 31, 2023  Checklist:   1. Letter of Intent - Cover page 2. Letter of Intent - Proposal 3. Letter of Intent - Preliminary budget 4. Letter of Intent - Signature page   November 30, 2023 – PRIME Awards Committee provides feedback to all applicants. Investigators with eligible projects will be invited to submit a full application.  January 31, 2024 – Deadline for submission of the full application.  February 29, 2024 – PRIME Awards Committee selects, based on peer review assessment of scientific merit and feasibility, up to four (4) projects to be funded. All applicants are informed of the final outcome by email.  March 1, 2024 – Funding commences on March 1st, 2024, or upon Research Ethics Board approval if not yet received, as well a signed funding agreement. Projects must be completed within two (2) years of start date; any remaining funds are to be returned. |

Letter of Intent - Cover Page

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| **Applicant:** | | | | | | |
| Full Name | Click here to enter text. | | | | | |
| Research Project Title | | | | | | |
| Click here to enter text. | | | | | | |
| Primary Academic Appointment in Department of Family Medicine? | | | Yes No | | | |
| Clinical Appointment | Title  Click here to enter text. | | Institution  Click here to enter text. | | | |
| Contact Information | Telephone (work)  Click here to enter text. | | Email  Click here to enter text. | | | |
| Address (work) | Street Address and Suite/Unit  Click here to enter text. | | | | | |
| City/Town  Click here to enter text. | | Province | | | Postal Code  Click here to enter text. |
| Project Timeline and Funding (Maximum per project $20,000; Maximum Duration is 2 Years) | | | | | | |
| Investigators’ salary or honoraria will not be funded.  Total Amount Requested: $\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_   * Research Assistant Support: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Dissemination Costs: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (max. $1,500) * Other Operating Funds: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Expected Start Date of Project: \_\_\_\_\_\_\_\_\_\_\_\_ Expected Duration of Project \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Previous Funding: | | | | | | |
| Is this proposal an extension of work previously funded by the Department of Family Medicine? (if “yes”, provide the name of the funding program and project title and year awarded) | | Yes  No | | |  | |
| Have you ever been awarded, as Principal Investigator, a grant to conduct a study (e.g. CIHR, SSHRC, JANUS, PSI Foundation, PGME, etc.) (if “yes”, provide the name(s) of the funding program and project title(s)) | | Yes  No | |  | | |

Letter of Intent - Proposal

(Maximum 3 Pages)

Objective: Provide sufficient information to allow members of the PRIME Awards Committee to review and evaluate your proposal as well as provide meaningful feedback that will help you in preparing a full submission.

1. **Study Objectives and Research Questions/Hypothesis -** Describe the specific objectives of your study as well as the research question or hypothesis. What is the scope of the project?
2. **Rationale / Background for Proposed Research -** The following questions should be addressed in your description: Based on your literature review, what knowledge gap exists in current literature that this study will address? How is the proposed study innovative? How will it enhance knowledge in primary care practice or family medicine education? Why should this project be undertaken? What important primary care or education issue is the project addressing?
3. **Description of Methods -** Briefly describe the design, data collection procedures, feasibility, and analytic methods and data analysis.
4. **Dissemination Plan -** Identify how the knowledge gained from this study will be used and communicated to the research community and wider public.
5. **Describe Research Team and Their Roles -** List key members of the research project team, include consultants, with relevant institutional affiliations noted. Briefly describe each member’s role in the project. Each member’s description should be approximately two or three sentences. For a position “To be announced” (TBA), the required qualifi­cations should be noted.
6. **Key Publications –** A minimum of three relevant references should be included which will inform committee members about the topic of your proposed study / research question.

**Letter of Intent - Preliminary Budget**

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| **Applicant:**  **Project Title:** | **Total $** |
| **Research Support** (describe type, role, amount of time, value) |  |
| * *Ex – Consultant - Biostatistician – 6 hrs over life of project - $70/hr + hst* | *$475* |
| * *Ex – Research Assistant – $36/h + 19% benefits in lieu = $42.84/h over 175 hours* | *$7,497* |
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| **Operating Budget for Equipment, Materials & Supplies** (describe type and quantities and how will be used for study) |  |
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| **Dissemination (max $1,500)** (conference registration, poster preparation, publication, travel/accommodation, etc.) |  |
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| **Other Expenses** (detailed description, quantities and amounts) |  |
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| **TOTAL PROJECT BUDGET REQUESTED** |  |
| **Budget Rationale** | |
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**Letter of Intent - Signature Page**

All projects require approval at the “Letter of Intent” stage by the appropriate Unit Medical Director(s) and Academic Program Director(s) (Undergraduate, Postgraduate, Faculty Development).

Identify Academic Program Director(s) and/or Unit Medical Director(s) from whom approval has been received:

MEDICAL UNIT DIRECTORS ACADEMIC PROGRAM DIRECTORS

Bruyère – Dr. Shauna Hacker  Undergraduate Program – Dr. Lina Shoppoff

Civic – Dr. Michael Malek  Postgraduate Program – Dr. Edward Seale

Community – Dr. Robin Kennie  Global Health – Dr. Taylor Lougheed

Montfort – Dr. Marjorie Pomerleau  Faculty Development – Dr. Eric Wooltorton

Pembroke – Dr. Richard Johnson

Primrose – Dr. Jolanda Turley OTHER (Specify):

Riverside – Dr. Shauna Bassel  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Winchester – Dr. Adam Jones-Delcorde  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant’s Signature** | |
| **Name :** |  |
| Project Title : |  |
| Signature : |  |
| Date : |  |

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| **Medical Unit Director(s)’ Signature** | |
| **Name :** |  |
| Medical Unit : |  |
| Signature : |  |
| Date : |  |

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| **Academic Program Director(s)’ Signature** | |
| **Name :** |  |
| Academic Program : |  |
| Signature : |  |
| Date : |  |

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| **Other Signature(s)** | |
| **Name :** |  |
| Institution : |  |
| Signature : |  |
| Date : |  |