 

Specialized Geriatric Services (SGS) Grants

2020/2021 Application

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| **Submission Checklist** | **Eligibility** |
| I have completed Sections A, B, C and D. | 🞎 Yes 🞎 No |
| I have ensured that this application meets all of the required eligibility criteria listed in Section A. | 🞎 Yes 🞎 No |
| I have ensured that I have provided all of the requested information in Section B. | 🞎 Yes 🞎 No |
| I have ensured that Section C has been completed within the 3 page limit using Calibri, 12 point font (Bolded), 1” margins. | 🞎 Yes 🞎 No |
| I have ensured that all required information has been provided in Section D. | 🞎 Yes 🞎 No |
| I have saved all application documents in the format of: “SGS Grant App 2020”-last name of primary applicant-application section number (e.g., SGS Grant App 2020-Doherty-Section C). | 🞎 Yes 🞎 No |

**Section A: Eligibility Criteria**

Please complete the following questions before proceeding to complete remaining sections of this application. If you answer no to any of the following questions your project may not be eligible for funding. If you have questions about the eligibility of your project please contact:

**Michelle Doherty-** **doherty@hhsc.ca**

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| **Criteria: Required** | **Eligibility** |
| Are you a frontline, clinical, professional or administrative staff member working in SGS or are you a student (registered in a post-secondary program) with an interest in SGS? | 🞎 Yes 🞎 No |
| Are you or someone included on your project working in the Waterloo Wellington (3), Hamilton Niagara Haldimand Brant (4) or Mississauga Halton (6) LHIN catchment areas? | 🞎 Yes 🞎 No |
| Has your immediate leader or supervisor given his/ her support for this project? | 🞎 Yes 🞎 No |
| Do you have the support of a geriatric specialist within your setting (or a physician with Care of the Elderly certification or other specialized training in geriatrics?) | 🞎 Yes 🞎 No |
| Does your project intend to enhance knowledge, skills, attitudes, clinical practice, quality of care, or customer service within SGS. | 🞎 Yes 🞎 No |
| Does your project target or impact older adults 65 years of age or older? | 🞎 Yes 🞎 No |
| Is there a designated research account for this project? | 🞎 Yes 🞎 No |
| Are you able to complete your project within your budget request? | 🞎 Yes 🞎 No |
| If no, do you have an established funding source to cover costs exceeding your request? Please note a maximum amount of $15,000.00 may be awarded. If your budget exceeds this amount, please describe from where and how much funding you have or will receive. | 🞎 Yes 🞎 No |
| Does your project include an evaluation process – a method of assessing whether stated objectives were achieved? | 🞎 Yes 🞎 No |
| Are you able to complete your project by May 31, 2021? | 🞎 Yes 🞎 No |
| **Criteria: Preferred**  |  |
| Does your project intend to enhance knowledge, skills, attitudes, clinical practice or quality of service directly related to COVID-19?  | 🞎 Yes 🞎 No |
| Could your project be executed while adhering to current Public Health and infection control recommendations to prevent the spread of COVID-19 (e.g. social distancing, PPE)? | 🞎 Yes 🞎 No |

**Section B: Applicant Information**

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| **Date:** |  |
| **Principal Applicant Name:** |  |
| **Applicant Title:** |  |
| **Program within SGS:** |  |
| **Site/ Workplace:** |  |
| **Telephone Number/Extension:** |  |
| **Email:** |  |
| **Immediate leader or supervisor who has provided support for this project:** |  |
| **Immediate leader or supervisor’s email address:** |  |
| **Geriatric specialist/ physician who has provided support for this project:** |  |
| **Geriatric specialist/ physician email address:** |  |
| **List any co-applicants and provide their email addresses and job titles.** |  |
| **Do you have or intend to seek an REB and TRAC (if applicable)? Yes or No. If no, why not.** |  |