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| **IMPORTANT INFORMATION**   * Please read the[**Frequently Asked Questions**](http://www.albertadoctors.org/emerging-leaders)before completing an application. * Proposals must be for **health promotion**. See FAQ – ‘What types of projects are eligible for funding?’ – for details. * This grant has a **12-month term**. The proposal you make must fit this timeframeand allow you to submita final report to the Grant Committee when the term ends. * For projects led by teams, the grant requires **one** medical student or resident to be the Primary Applicant and grant holder. This person agrees to take overall responsibility for the project, use of the funds, and to be the main contact for communicating about the grant. You can list other members of the team as co-applicants separately. * The grant was developed with mentorship in mind. You are asked to identify a more senior physician as a mentor – for guidance in project planning and logistics (budgeting, professional connections, implementation issues). For compatibility, it is best for you to identify your own mentor. * When completing the application form, please ensure that you include sufficient detail to support your proposed project and its viability. * Application deadline: **Friday, October 29, 2021**   **NOTE: The AMA will confirm receipt (by email) of grant applications within 3 business days. To prevent AMA email from being identified as spam and re-directing to your Junk folder, ensure that you “whitelist” *@albertdoctors.org* as a safe sender. (See #4)  If you submit a grant application and do NOT receive this confirmation email within 3 business days,** email [emergingleadersgrant@albertadoctors.org](mailto:emergingleadersgrant@albertadoctors.org) as soon as possible.  **What happens after you submit your application?**  The Grant Committee will meet within one month of the application deadline. Successful applicants will be notified by email by the end of December 2021.  **If your application is successful:**   * Successful applicants must sign a **Letter of Agreement (LOA)** with the terms and conditions of the grant. * Grant funds are paid out after the LOA is signed. * Timely submission of a final report at the end of the grant term is mandatory and is a core requirement that demonstrates your professionalism and accountability in relation to an Emerging Leaders-supported grant project. The Grant Committee views non-compliance with expected standards of professionalism and accountability for the grant and grant project as an issue that will warrant its attention. |

**GENERAL PROJECT & APPLICANT INFORMATION**

1. **PROJECT TITLE**

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| Title: |

1. **PROJECT START & END DATES**

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| Start date: | End date: |

1. **GRANT AMOUNT REQUESTED**

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| Grant amount requested: | * Is the amount requested 100% of the project budget? 🞏 YES 🞏 NO * *If no, what is your project’s estimated total budget*? * *Who will provide the remaining balance of the budget? (Identify which organizations and state if the additional funding is approved, pending, or not yet applied for)* |

1. **APPLICANT / PRIMARY APPLICANT (in the case of a group) NAME AND CONTACT INFORMATION**(*must be a medical student or resident physician)***NOTE:** To prevent AMA email from being identified as spam and re-directing to your Junk folder, ensure that you “whitelist” *@albertadoctors.org* as a safe sender. We also recommend (per below) providing two email addresses.

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| Name:  Email address:  2nd email address: Other contact information: |

1. **FOR APPLICATIONS ON BEHALF OF A GROUP – identify co-applicants and their contact information**  
   *\*If co-applicants are not medical students or resident physicians, please identify their profession/discipline.*

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1. **PROJECT MENTOR**  
   Mentorship is integral to this grant program. Have you identified a physician to mentor you? 🞏 YES 🞏 NOT YET\*

**\*** *If your application is successful and you have not found a mentor, the AMA will try to assist.*

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| Physician mentor’s name:  Mentor’s email: |

**SUMMARY OF PROJECT**

1. **In the form of an abstract,** describe your project and its scope:

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| **Summary of the project (scope/limits, timelines), identifying the specific health issue that is in need of action and why** (*half-page maximum)*  *Include:*  *•* ***What you are trying to achieve*** *(raise awareness about an issue? educate a specific target group? achieve attitude change? advocate – if so, to whom and for what purpose?)*  *•* ***How you plan to achieve it*** *(strategy, deliverables, type and structure of activities/interventions)*  *•* ***COVID-19:*** *Please indicate how your project would be successfully delivered giving consideration to potential challenges posed by COVID-19 and public health guidelines.* |  | |
| **Who is your project’s primary target group (subset of Albertans you will directly deliver interventions to)?** *(Note: Do not apply if your interventions directly target the medical profession or part of it; see FAQ.)* |  | **How many individuals in the primary target group will this project reach directly** (not indirectly)**?**  Number: |
| **What makes this project innovative – or different from what has been tried before?**  *• Is your concept new and untested – if yes, what is the rationale for why it will work? OR Is it a concept already tested by others that you are adapting in some new way?*  *(Please note: This grant does not provide sustainability funding for existing, ongoing, longer-term programs.)* |  | |
| **How do you plan to collaborate or partner with others (public, organizations, other groups, etc.) in order to ensure your project is a success?**  *•* What partnerships have you already formed or are you already working on?  *• What is the role of these partners?* |  | |
| **Foreseeable barriers/challenges in carrying out this project**  (*What are they, and what strategy do you have to deal with them?)* |  | |
| **Clearly identify 2-3 overall goals/ objectives of the project.**  *(Goals should be SMART – specific, measurable, achievable, relevant and time-bound)* |  | |
| **What is your evaluation strategy?**  (*How you will know if your project has had the intended reach and impact?)* |  | |

1. Describe the **leadership role(s) medical students or resident physicians** have in the project. (*one paragraph)*

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1. Describe how the project will **acknowledge sponsorship (**[**AMA**](https://www.albertadoctors.org/) **and** [**MD Financial Management**](https://mdm.ca/md-financial-management) **/** [**Scotiabank Healthcare+**](https://www.scotiabank.com/healthcare/ca/en.html)**)** – for example, in materials, project promotion or advertising, and/or project delivery (presentations, public events, training sessions, media contacts, etc.).

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1. Briefly, outline if there is any particularly relevant background (**education, skills, previous experience**) that you (or co-applicants) have for this project. *(one paragraph; do not attach a curriculum vitae)*

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1. Disclose any **conflicts of interest or private business relationships** by the applicant or members of the project team that relate to the work that will be carried out by this project.

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**BUDGET**

1. How will the grant funds be spent? **Attach a short budget** organized by category of expenses. For items purchased, photocopying, consultants, etc., be specific about the calculation (unit cost x quantity/hours/other multiplier).

**\*Please read carefully\***

* Reasonable out-of-pocket costs for planning and direct delivery of health promotion activities are eligible.
* Explain briefly why the amounts you budgeted are realistic (what cost research you’ve done, quotes, etc.).
* For this grant, you are not required to submit receipts with your final report – but you should retain receipts for major expenses in case the Grant Committee requests this supporting information after reviewing your report.

**Ineligible expenses**

* This grant does not cover costs to attend conferences (such as registration fees, travel, accommodation, etc.).
* Travel to locations outside of Alberta for any purpose is not covered.
* The grant is not to be used for stipends, salary, etc., for medical students or resident physicians involved.

**May be eligible – if cost is reasonable and there is adequate rationale based on project needs**

* Fees for external consultants or experts
* Costs to offer food/refreshments at events – where your target group’s needs warrant

**Submission of the following documents is optional.**

**WORK PLAN**

**13.** You may wish to attach a **short (1 page maximum) work plan** broken down by project stages and milestone dates.

**LETTER(S) OF SUPPORT FOR THE PROJECT**

**14.** To support your application, you may wish to attach any letter(s) of support you have obtained for your project proposal.