



## ***The Innovation Fund in Children's Palliative Care Research***

### **Overview**

The Innovation Fund in Children's Palliative Care Research, is a fund gifted by families and individuals, including the Sasha Bella Fund for Family Centred Care, in support of pediatric palliative care research. The Fund has agreed to make a gift of up to **\$10,000.00** to TRAC-PG (The Team for Research with Adolescents and Children in Palliation and Grief at SickKids) to support new innovations in children's palliative care research. Funds may be used to support: grant writing, program/evaluation development, LOI's, educational activities related to research, clinical projects with an evaluation component or for pilot or seed grant research projects.

The purpose of the Fund is to support new initiatives through annual seed grants for researchers who propose innovative clinical and basic science research in the following areas related to children's palliative care. Possible topic areas include but are not limited to:

***communication; family centred care; end of life care; interprofessional practice; quality of life; pain and symptom management; instrument development; program/systems evaluation; grief and bereavement and legacy making.***

Proposals should reflect the following 4 components:

- A commitment to family- centred care
- Project teams that demonstrate collaboration and interprofessional diversity

- A partnership with SickKids and TRAC-PG in disseminating project activities and in all knowledge transfer/translation initiatives
- Innovation in pediatric palliative care

### **Eligibility**

Any health care professional/volunteer or team of health care professionals/volunteers (hospital, academic and/or community organizations), including members of TRAC-PG, will be eligible to submit a proposal and all potentially life limiting illnesses with respect to children will be considered.

### **Exclusion Criteria**

The following are not eligible for funding:

- Projects not related to the health of children (up to 18 years of age)
- Projects not related to palliative, end of life and/or bereavement care
- Projects that don't primarily benefit Canadian children

### **Assessment Criteria**

Projects must be relevant to children's health specific to the areas of palliative, end of life and/or bereavement care. Research proposals must meet excellence in scientific merit, meet ethical standards and have a solid budgetary and knowledge translation plan. Non-research related projects must demonstrate excellence in planning, include a strong evaluation plan and have a solid budget plan. **Applicants must use the grant template and keep within the 2500 word or 3 page limit (bibliographies and appendices will be accepted outside of this restriction).**

### **Grant Review Process**

Proposals are reviewed by qualified reviewers of the TRAC-PG Review Committee based on innovation, relevance, impact, feasibility, opportunities for future development, strategic fit and quality.

### **Application Process**

Proposals will be accepted and reviewed one time per year.  
The submission date is October 21<sup>st</sup> 2010. Applicants will be notified regarding the outcome of the review within 4-6 weeks following the submission date.

Send application to: Laura Beaune, MSW, Res. Dip.SW  
Palliative and Bereavement Care Service Research  
Coordinator, Service Floor, Room S425 BlackWing  
SickKids Hospital, 555 University Avenue, Toronto  
Ontario, M5G 1X8 tel: 416-813-6795 ext. 3372

The Innovation Fund in Children's Palliative Care Research Fund

Grant Application Form

Title:

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Name of Applicant(s) and Affiliation(s)/Sponsoring Institution (where funds will be held):

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Primary Contact (principal investigator) Information:

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Project Team Names: Please list all co-investigators of the project including name, title, department/organization, area of expertise and telephone number.

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Where will the project be carried out?

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Grant and Budget:

Grant request amount: \$  
Please attach an itemized budget



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If the project involves research with children or families please append approval by an appropriate Ethics Committee approval.

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Approved: yes/no, feedback to applicant and date.

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## The Innovation Fund in Children's Palliative Care Research

### Grant Review Committee

#### Mandate:

To encourage and develop research and innovation within the Team for Research with Adolescents and Children in Palliation and Grief and the Palliative and Bereavement Care Service.

#### Functions & Responsibilities:

- Provide leadership in the review and funding of applications submitted to the Innovation Fund in Children's Palliative Care Research
- Allocate and distribute funds based on eligibility and review processes
- Ensure that appropriate methods of feedback and outcome measures are in place

#### Membership:

The Innovation Fund in Children's Palliative Care Research Grant Review Committee will consist of 4-6 interprofessional health care professionals and/or parents who have experience and/or expertise in children's palliative health care and/or research.

#### Term:

Members are required to serve a term of 2 years with rotating membership after the second year.

Should there be a conflict of interest, member(s) will be excluded as a reviewer from certain proposals.

Meetings will be held once per year and will require a time period of up to 2 hours.

The Innovation Fund in Children's Palliative Care Research Fund  
Grant Application Review Form

Name of Principal Applicant:

Title of Project:

Category:

Research

Education

Clinical

Other

Innovation: Score (0-5): \_\_\_\_\_

Comments:

Quality of the Proposal: Score (0-5) \_\_\_\_\_

Comments:

Potential for Future Development/Dissemination: Score (0-5) \_\_\_\_\_

Comments:

Relevance & Feasibility: Score (0-5) \_\_\_\_\_

Comments:

Impact: Score (0-5) \_\_\_\_\_

Comments:

Strategic fit with family-centred care, collaborative/interprofessional team, partnership and innovation priorities: Score (0-5) \_\_\_\_\_

Comments:

Overall Comments: Total Score (0-30) \_\_\_\_\_ (budget, ethics, science, other):

Average Score: \_\_\_\_\_

Reviewer Name and Date: \_\_\_\_\_