



## Interface Projects

### Winter 2012 Application Process

A Collaborative Initiative Supported by  
Alberta Health Services - Cancer Care,  
Community Cancer Support Network,  
the Alberta Cancer Foundation and  
Canadian Cancer Society, Alberta / N.W.T. Division

Originally Developed April 8, 2004  
Revised October 2011

**TABLE OF CONTENTS**

<b>INTRODUCTION</b>	<b>1</b>
<b>GOAL AND VISION</b>	<b>1</b>
<b>PROJECT FUNDING TERMS AND CONDITIONS</b>	<b>1</b>
<b>APPLICATION FOR FUNDING</b>	<b>4</b>

## Introduction

This document outlines broad information related to Interface Projects (IP), an initiative implemented as an incentive to enhance hospice palliative care and/or supportive cancer care (including psychosocial, rehabilitation and/or nutrition) across Alberta. This document describes the funding application process for accessing financial support in Winter 2012.

## Goal and Vision

The overall goal of the Interface Projects is to enhance access to supportive, person-centered oncology care for individuals with cancer and their families across Alberta at any point in the cancer journey from prevention through end-of-life or survivorship.

This will be achieved through funding projects that demonstrate collaboration between key stakeholders and strengthen links between supportive oncology services, cancer centres, health centres, family physicians, community resources, and other providers.

## Project Funding Terms and Conditions

1. The Interface Projects are funded by the Alberta Cancer Foundation, and the Canadian Cancer Society, Alberta / N.W.T. Division. The projects are overseen by the Community Cancer Support Network- a program within the Community Oncology Division of Alberta Health Services - Cancer Care. The Provincial Coordinator for the Community Cancer Support Network will provide guidance for the projects.
2. The Interface Projects will reflect partnerships with Alberta Health Service's health zones and community partners and will be implemented in collaboration with key stakeholders.
3. The role of the Funding Committee is as follows: 1) to identify the criteria for funding; 2) to review the proposals submitted; 3) to select Interface Projects for 2012; and 4) to monitor their progress.
4. The maximum allowable request per project is \$10,000.00.
5. The intent of this funding mechanism is to support local or provincial projects that will facilitate sustainable and coordinated access to supportive oncology care for Albertans living with cancer and their families. Please note that this award is not intended for formal research projects. It is seed money to foster the growth of tangible initiatives.
6. The selection criteria includes (but is not limited to) proposals which demonstrate:
  - Increased access to supportive, person-centered oncology services for cancer patients/families that can or have potential to be sustained following the project
  - Collaboration between multiple stakeholder groups including formal health entities and their partners to improve supportive oncology care in their community/health region

- Demonstrated established linkages with AHS-Cancer Care programs and services
  - Clear evaluation and sustainability plans
  - Reflective of evidence based practice. If not evidence based, must outline how the evaluation plan will contribute to new knowledge
  - Realistic time frame to complete the project as identified
  - Endorsement from Senior Level AHS or community agency (ie.Vice-President or Executive Director) is required
7. Funding restrictions:
- No funding will be provided to pay salary costs for the provision of patient care or salary replacement for training. Other requests for salary costs will be evaluated on an individual basis.
  - Travel expenses/distances for presentations at conferences will not be allowed. Travel expenses/distances will be permitted where demonstrated it is an essential part of the project (e.g., meetings with Cancer Centres staff, training to external sites, etc.).
  - All unused funding must be returned to the Community Cancer Support Network when the Interface Project is completed.
8. Reports for all projects approved by the Interface Projects Funding Committee must be filed upon completion of the project, with one interim report filed at mid-term of the project and a final report due no later than 3 months after the completion of the project. Reports must include information about in-kind contributions. These reports allow the Interface Projects Funding Committee to assess the effectiveness of its funding programs.
9. Support from the Community Cancer Support Network, Alberta Cancer Foundation, and the Canadian Cancer Society, Alberta/ N.W.T. Division must be acknowledged in all reports, publications or presentations arising from the project.
10. A call for proposals will be sent out in October. All completed applications **must be received by January 13, 2012** and submitted to:

Interface Projects  
 c/o Vivian Collacutt  
 Provincial Coordinator, Community Cancer Support Services  
 Community Oncology,  
 Alberta Health Services, Cancer Care  
 1500 10123 99 Street, Edmonton, AB. T5J 3H1  
 Phone: (780) 643-4396  
 Fax: (780) 643-4486 or email: [vivian.collacutt@albertahealthservices.ca](mailto:vivian.collacutt@albertahealthservices.ca)

## **Application for Funding**

Please submit your proposal using the attached template addressing all above mentioned criteria. Please note that sign off from the Vice-President or Executive Director of the AHS division or

organization indicating support and agreement with collaboration is required. If your proposal will be primarily conducted outside of Alberta Health Services, linkages to AHS and AHS stakeholders must still be demonstrated.

Please direct any questions to the Manager, Community Cancer Support Services, Alberta Health Services - Cancer Care.

Vivian Collacutt – [vivian.collacutt@albertahealthservices.ca](mailto:vivian.collacutt@albertahealthservices.ca) or (780) 643-4396

Thank You
-----------



Internal Use Only:  
Application #:

<b>Interface Projects Application Form</b>				
<b>Contact Person &amp; Lead Organization:</b>				
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.	Surname:	Given Name:	Position:	Organization:
Postal Address:	Telephone:	Fax:	Email:	
<b>Proposed Project Title:</b>				
<b>Location and/or site at which proposed project will be undertaken</b>				
<b>Project Overview:</b> Identify the area of need for improvement or gap in services that this project will address. What is the project's purpose or aim?				
<b>Key Objectives: Please describe how each key objective relates to the goal and vision of the Interface Projects.</b>				
<b>Main activities you will conduct to meet these key objectives:</b>				
<b>Identify how this project will facilitate coordinated access to supportive cancer care services for individuals with cancer and their families:</b>				
<b>Expected impact / outcomes for your community at the end of the project: (eg. 15 healthcare professionals</b>				

<b>trained, impacting about 80 people living with cancer/85 caregivers each annually.)</b>
<b>Evaluation: Describe the evaluation objectives for the project and how you will utilize the information generated. Ensure that the evaluation is aligned with the project's goals and deliverables.</b>
<b>Dissemination: After your project is completed, what is your plan for dissemination of findings and outcomes? With whom do you plan to share your findings?</b>
<b>Proposed Budget: Identify the preliminary cost and financing estimates for the project. Preliminary budgets should include: Itemized expenses (e.g., resources, office supplies, contracted administrative support services), in-kind contributions, expected cost to implement your project (itemized budget)</b>
<b>Timelines: Identify project milestones. Include estimates of start and finish dates for each phase. Please ensure you allow 2 – 4 months for the development of a detailed plan.</b>
<b>Please list the existing community resources and stakeholders used to make your proposed project a success and the role of the resources and stakeholders involved. Please include the Project Manager and his/her reporting relationships. Describe additional AHS resources and the external resources required to implement this initiative.</b>
<b>Describe the plan to sustain the expected benefits of the project in the future.</b>

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Vice President or  
Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of VP or Exec. Director

Community Cancer Support Network  
Interface Projects Winter 2012  
Application Process