

**Ontario SPOR SUPPORT Unit (OSSU)
Partnership Capacity Building Fund (PCBF)
Application Guide**

SUBMISSION REQUIREMENTS

- A complete application includes:
 1. Signature Page.
 2. Engagement plan and budget.
 3. Letter from your Supervisor and,
 4. Letter from the Office of the Dean of Graduate Studies confirming the applicant's status and eligibility.
- The submission deadline is **5:00 pm (eastern time) on Thursday, February 1, 2024**. If you do not receive an acknowledgement of your email application within 36 hours, please send an email to the contact below.
- The complete application must be sent by email as a single electronic file in PDF format to OSSU@OSSU.ca. The PDF should be saved as: **Last Name First Initial – PCBF 2024**.

Important Notes:

- Applications that do not follow word limits or formatting instructions will be either truncated or triaged from the competition.
- Incomplete applications will be triaged from the competition.

PREPARING YOUR ENGAGEMENT PLAN

1. The Submission must be prepared using a non-condensed font (Calibri, 11pt) single-spaced, with no more than six lines per vertical inch. Print must be in black ink and be of letter quality. Paper size must be no larger than standard letter paper size (8 ½" x 11"). Provide at least one-half inch margins (½") - top, bottom, left, and right - for all pages.
2. Ensure that the pages of your Submission are consecutively numbered and that your name appears on the right-hand side of the header. No other information can appear in the margins. Applications that do not meet these presentation standards may be triaged or be at a disadvantage in comparison to those that are complete and respect the presentation standards.
3. Prepare your Engagement Plan using the subheadings (in the order) provided below.
 - a. **Project/Proposal Title** - Provide a descriptive title for the project.
 - b. **Project Participants**
 - i. **Applicant** - name and program.
 - ii. **Supervisor** - name and faculty appointment(s).
 - iii. **Patient/Caregiver(s)** - name(s).
 - c. **Plain Language Summary** - Provide a plain language summary of the project. (150 words maximum)

- d. **Patient or Caregiver Involvement** - Describe how patient/caregiver partner(s) will be involved? At what stages of the project will they be engaged (e.g., conceptualization, data collection, analysis and knowledge mobilization including implementation, dissemination and evaluation processes and or activities)? (200 words maximum)
- e. **Meaningful Engagement** - Describe what steps will be taken to ensure patient/caregiver partner(s) participation in the project is meaningful. (200 words maximum)
- f. **Engagement Evaluation** – Describe how the engagement will be evaluated during and at the end of the project. What tools or resources will used and/or adapted? (200 words maximum)
- g. **Patient or Caregiver Partner Testimonial** - (note: if you are working with more than one patient/caregiver partner, each partner should complete this section). As the Patient Partner, what are your goals and motivations for this project? What are your goals for your involvement in this project? (200 words maximum for each testimonial, but use the space needed to communicate your ideas)
- h. **Patient Engagement Training** – describe what patient engagement training you will seek or have already received for this project. (150 words maximum)
- i. **Budget and Justification** - Eligible expenses will be determined on a case-by-case basis but some examples include: gift cards, stipends, conference fees, workshops and educational session fees. Please consider financial implications for, and preferences of, the patient/caregiver partner in determining the form of compensation. Consider monetary and non-monetary forms of compensation as appropriate. Please provide a list of budget items below with justification. (200 words maximum)

COMPLETING THE SIGNATURE PAGE

Complete the Signature Page Template for the Applicant, Patient/Caregiver Partner, Supervisor and Institution Representative. Two additional sections are available to add other participants (eg: other Patient Partners) to the project team. All participants identified in the template must sign the Signature Page. Multiple Signature Pages may be included in your submission.

1. **Project Title** - Provide a descriptive title for the project/proposal.
2. **Applicant Details** – complete all fields and sign.
3. **Patient/Caregiver Partner** - complete all fields and obtain the signature of the primary Patient/Caregiver Partner.
4. **Supervisor** – complete all fields and obtain the signature of your Supervisor.
5. **Institution Representative** – complete all fields for representative of your institution who has the authority to bind the institution (eg: VP Research or Dean). Obtain their signature.
6. **Others** – complete all fields and obtain the signature of any **Other** individuals (maximum 2) involved in your project (eg: other patient partners, supervisors or mentors, partners, etc). Indicate **“Role”** (Mentor, Partner, etc) and activities this additional signatory will perform to support your project.

ASSEMBLING YOUR SUBMISSION

Assemble the sections of your application into one PDF file as follows:

1. Signature Page(s);
2. Engagement Plan;
3. Letter from your Supervisor; and,
4. Letter from the Office of the Dean of Graduate Studies.