



Family Practice Development Fund

Application Form

Prior to completing this application, please ensure you review and understand the Guidelines, Terms and Conditions at the end of this form. Please forward any questions or concerns to The Thompson Region Division of Family Practice at thompsonregion@divisionsbc.ca.

Section 1 - General Information (to be completed for all applications)	
1a. Applicant name / group name:	
1b. Contact name:	
1c. Contact address:	
1d. Contact email address:	
1e. Telephone number (daytime):	
1f. Are you or any member of your group a member of the Thompson Region Division of Family Practice? (please tick) YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please provide the name(s) of the member(s) below:	
Section 2 - Funding Details (to be completed for all applications)	
2a. How much are you applying for?	
2b. Are you applying for the grant? (Please tick) YES <input type="checkbox"/> NO <input type="checkbox"/>	
2c. Have you received, or are planning to apply for funding from another source? (Please tick) YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please indicate from where and how much.	

2d. Please describe how the *aim(s), objectives(s)* and anticipated *outcome(s)* supports enhanced family practice capacity, attraction/retention of primary care providers and team-based care in the Thompson Region. **(Maximum of 2 pages double spaced, 12pt font size)**

Section 3 - (to be completed for all applications)

Please confirm that you have reviewed and understand the Family Practice Development Fund Guidelines, Terms and Conditions by ticking here

Signed on behalf of (if you are applying on behalf of a group):

Print name or Group name: _____

Signature: _____

Date: _____

Family Practice Development Fund Guidelines, Terms & Conditions

Guidelines

The Family Practice Development Fund (the Fund) provides one-time practice enhancement or start-up funding on a grant basis. The Fund is one of a mix of strategies to develop practice capacity to attract and hold family physicians in Kamloops. The Fund was established in September 2016 by the Division as part of the GP for Me initiative.

In order to maximize the benefits of the Fund, applicants are expected to explore and leverage other sources of available funding where possible. As such, the maximum Grant amount of any one application cannot exceed \$20,000, and members can submit only one application per project. Application requests in excess of this amount may be considered if the impact to the community is deemed strategic in nature and all other funding options have been exhausted. The Committee may recommend awarding an amount less than the maximum requested, and not exceeding the maximum described above.

Should there be more applicants than available funding, the Committee will prioritise based on date of application and amount of requested funding. The Committee may recommend raising further funds to support all applications. To create a sustainable venture for the community, the Division intends to grow this fund, and donations are welcomed.

Funding applications will be accepted semi-annually. The intake deadlines for submission are October 31st and April 30th. The completed application form is to be submitted by email to: thompsonregion@divisionsbc.ca with the subject heading 'Family Practice Development Fund'.

Note: The original signed application and budget must be delivered to the Division if your application is approved, and before any grant is issued.

The Fund Selection Committee will evaluate applications based on the criteria and available funding envelope. Recommendations from the Committee must be approved by the Board. Applicants will be notified of the outcome of the selection process and the Board decision, after the next Board meeting following the application closing date.

To be successful, the applicant must:

- Be a General Member in good standing with the Thompson Region Division of Family Practice.
- With funding, commit to transition to or develop a multi practitioner team-based family practice.

And a project must:

- Have a community driven outcome intended to support enhanced family practice capacity and to attract and retain family physicians and their primary care team in the Thompson Region

Every application must contain:

- **A detailed project budget, showing how the anticipated funds will be used.**
- **The project description and explanation must contain enough detail to fully inform the evaluators about the project's need, viability and how the project will be sustained.**

Exclusions:

The funds cannot be used for:

- costs related to rent, leases or breaking of leases;
- payment for IT equipment or licencing fees or other related costs for software or products;
- costs associated with office renovation or physical infrastructure changes;
- compensation or reimbursement for individuals already employed by a hospital or health authority to perform duties in the project, where those duties are similar or consistent with duties as described in the employee's Health Authority or Hospital job description;
- Compensation to the Grantee or a project member other than for actual services provided by the Grantee or a project member pursuant to this Agreement.

Terms & Conditions

The terms and conditions below set out the relationship between The Board of Directors for the Thompson Region Division of Family Practice (hereinafter referred to as "The Division") and you as an individual or your group.

1. The funds (together with any income earned upon investment of funds) must be used specifically for the designated purpose(s) and may not be expended for any other purpose without The Division's prior written approval.
2. If the funds are intended to support a specific project or to provide general support for a specific period, any portion of the funds unexpended at the completion of the project or the end of the period shall be returned immediately to The Division.
3. You may not expend any funds for any political or lobbying activity or for any purpose other than one specified in your application.
4. You may not assign, or otherwise transfer your rights or delegate any of your obligations under these funds without prior written approval from The Division.
5. We request you work with The Division to develop a report outlining your plans, journey and key results in achieving the purposes of the grant, and agree to provide any other information reasonably requested by The Division.
6. You are required to provide The Division with immediate written notification of: (1) any changes in your organization's non-profit or corporate status; (2) your inability to expend the funds for the purposes described; or (3) any expenditure of the funds for any purpose other than those for which the funds were intended.
7. You will allow The Division to review and approve the text of any proposed publicity concerning the funds prior to its release. The Division may include information regarding the funds, including the amount and purpose for the funds, any

photographs you may provide, your logo, or trademark, or other information or materials about your organization and its activities, in The Division's periodic public reports, newsletters, and news releases.

- 8. The Division reserves the right to discontinue, modify or withhold any payments to be made under this award or to require a total or partial refund of any funds if, in The Division's sole discretion, such action is necessary: (1) because you have not fully complied with the terms and conditions of the funds; (2) to protect the purpose and objectives of the funds or any other activities of The Division; or (3) to comply with the requirements of any law or regulation applicable to you, of The Division or the funds.**
- 9. It would also be appreciated that when the venture becomes successful, you would *consider* donating to the Fund, so that others may have the opportunity to access funding for their community venture.**