

## Seed Grant Application

Email completed form to [physicianqi@northernhealth.ca](mailto:physicianqi@northernhealth.ca)

<b>Title of Improvement Project</b>	
<b>Identified Project Sponsor</b>	
<b>Initiative Start Date</b>	
<b>Initiative End Date</b>	
<b>Location of Improvement Project</b>	
<b>Improvement Team Names &amp; Titles</b>	
<b>Identified Need or Opportunity for Patient Participation</b>	

### What are we trying to accomplish?

<b>Problem Statement</b>	<i>It's important to work on this now because....</i>
<b>Scope and Boundaries</b>	<i>Where does the project begin and end? What work will this project include/not include?</i>
<b>AIM Statement</b>	<i>What will improve? Where? By how much? By when?</i>

# Seed Grant Application

## OPTIONAL: How will we know that a change is an improvement?

OUTCOME MEASURE	BASELINE	TARGET	PLAN TO COLLECT DATA

## Additional Information

## Required Budget for Initiative

Activity	# of participants	Estimated Hours	Total hours (# participants X hrs)	Cost per hr (use hourly pay rates)	Total Cost
Backfill for staff					
Minor equipment					
Project Costs (travel, meals, accommodations)					
Other (please specify)					
Total					

<b>Sponsor Signature</b>	<b>Other Signature (as appropriate)</b>