

**Models of Care Innovation Fund**

**PROPOSAL:**

***Insert Name***

**Background**

The Models of Care Innovation Fund supports innovative projects that optimize health human resources (HHR) in Ontario. Ontario Health will receive proposals. An Evaluation Team made up of representatives from Ontario Health and the Ministry of Health (MOH) will review and rank all proposals using a standardized scoring methodology. MOH retains final decision-making authority on which proposals will be supported. Ontario Health will directly fund and oversee project administration and reporting. Note: In certain cases, funding agreements may be with the ministry. In these situations, the ministry will oversee the project.

**Program Criteria**

1. Does your organization fall under one or more of the following publicly funded categories (check all that apply)? Note that leading eligible organizations may partner with other organizations (see s. 2.2: ‘Eligible Organizations’ in the Project Guideline) on eligible projects, but as the primary applicant, they remain solely accountable for project execution. Organizations may collaborate on multiple projects.
* Health Care Facilities (e.g., hospital, long-term care home, home care provider)
* Health Provider Groups (e.g., family health team, nurse practitioner-led clinic, etc.)
* Ontario Health Teams
* Other Health Organizations and Providers (e.g., public health units, mental health service providers, etc.)
1. MOH will only consider funding projects that fall under the following categories (in bold). Please check one or more that apply to your project.

* **System and occupational integration of HHR** (e.g., innovative team-based care, maximizing the scope of practice of HHR, unconventional use of providers while establishing sustainable healthcare delivery methods)
* **Projects based on partnerships between healthcare providers in sharing HHR:**
* **within a sector** (e.g., hospitals working together on a staffing pool concept)
* **across sectors** (e.g., sharing HHR between primary care, home care, and acute care within a demographic region, encouraging healthcare partnerships and innovation)
* **Projects introducing support for existing HHR** (e.g., formalizing roles for patient caregivers and empowering healthcare workers and providers, including students)
* **Redesigning and implementing various methods of delivering healthcare services for a specific population or geography** (e.g., for northern/rural/remote, improving patient access and convenience)
* **Redesigning and implementing new ways of healthcare delivery by integrating technology to reduce the HHR burden** (e.g., remote monitoring and virtual care, demonstrating innovative approaches, roles, and tools to maximize HHR and retention)

Later in the proposal, you will be asked to explain how your project falls under the category or categories you have identified.

1. Your project must focus on **all** of the following **five requirements**:

1. Supports one of the three pillars of [*Your Health: A Plan for Connected and Convenient Care*](https://files.ontario.ca/moh-your-health-plan-connected-convenient-care-en-2023-02-02-v3.pdf)*:* the right care in the right place, faster access to care, and hiring more health care workers
2. Must have a Sustainability Plan (i.e., does not require further funding)
3. Maximizes Health Human Resources (e.g., optimizes staffing)
4. Exhibits Innovation(i.e.,new HHR configurations, roles, tools)
5. Measurable (i.e., can demonstrate results achieved)

Does your project meet all the above criteria?

 YES NO

Later in the proposal, you will be asked to explain how your project meets each requirement.

**Note: Please limit proposals to a maximum of 15 pages.**

**Contact Information & Declaration:**

| 1.1 Primary Applicant Contact Information |
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| Legal name of organization |       |
| Contact name |       |
| Mailing address |       |
| Telephone number |       |
| Email address |       |

| 1.2 Partner Organizations (add rows as applicable) |
| --- |
| 1. Legal name of organization |       |
| Mailing address |       |
| 2. Legal name of organization |       |
| Mailing address |       |
| 3. Legal name of organization |       |
| Mailing address |       |

| 1.3 Declaration |
| --- |
| This section is to be signed by the primary applicant’s signing authority.Through submission of this proposal, I agree to all the terms and conditions and that the information provided in this proposal is accurate and true to the best of my knowledge. |
| [ ]  I certify that the information provided in this proposal is accurate and true to the best of my knowledge. |
| [ ]  The proposed project does not create an actual potential or perceived conflict of interest. |
| Signature |       |
| Print name |       |
| Job title |       |
| Date |       |

| 1.4 Project Description  |
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| Provide an overview of your project describing the project's need, objectives, expected outcomes, target population (if applicable), and timeline. |

| 1.5 Demonstrates Innovation |
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| Explain how your project is innovative. Please provide a brief explanation of why you believe your project is unique and has the potential to make a significant impact to your organization and across the health sector. What specific features or approaches make your project stand out from the current state or status quo?  |

| 1.6 Priority / Focus area(s) |
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| Identify the category or categories your project falls under and explain why. The five categories are listed below (in bold):* **System and occupational integration of HHR** (e.g., innovative team-based care, maximizing the scope of practice of HHR, unconventional use of providers while establishing sustainable healthcare delivery methods)
* **Projects based on partnerships between healthcare providers in sharing HHR:**
* **within a sector** (e.g., hospitals working together on a staffing pool concept)
* **across sectors** (e.g., sharing HHR between primary care, home care, and acute care within a demographic region, encouraging healthcare partnerships and innovation)
* **Projects introducing support for existing HHR** (e.g., formalizing roles for patient caregivers and empowering healthcare workers and providers, including students)
* **Redesigning and implementing various methods of delivering healthcare services for a specific population or geography** (e.g., for northern/rural/remote, improving patient access and convenience)
* **Redesigning and implementing new ways of healthcare delivery by integrating technology to reduce the HHR burden** (e.g., remote monitoring and virtual care, demonstrating innovative approaches, roles, and tools to maximize HHR and retention)

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| 1.7 Other Project Requirements |
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| Describe how your project meets each of the following requirements (all must be demonstrated):1. Supports one of the three pillars of [*Your Health: A Plan for Connected and Convenient Care*](https://files.ontario.ca/moh-your-health-plan-connected-convenient-care-en-2023-02-02-v3.pdf)*:* the right care in the right place, faster access to care, and more health care workers
2. Must have a Sustainability Plan (i.e., does not require further funding)
3. Maximizes Health Human Resources (e.g., optimizes staffing)
4. Exhibits Innovation(i.e.,New HHR configurations, roles, tools)

\*You may reference 1.5 above as needed1. Measurable (i.e., can demonstrate results achieved)
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| 1.8 Organizational Capacity |
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| Has your organization identified and assigned responsibilities for the implementation and monitoring of the project? If so, provide a brief overview of the roles and responsibilities of key project team members and how their qualifications and experience match assigned responsibilities.If the project involves partner organizations, how have you assessed their strengths and experience in designing, implementing, delivering, and monitoring projects and expenditures with similar scope? Describe any specific partnership arrangements and their expected contributions to the project's success. |
| 1.9 Partnership Development and Strength *(if applicable)* |
| Describe your organization’s ability to deliver this program and provide an overview of any partnership(s) established and their roles/responsibilities within the project. Briefly describe previous experience with the proposed partner(s) or similar partners, if any. Advise whether partnership agreements have been or will be signed and/or if there is or will be a governance structure for the project. |

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| 2.0 Project Delivery Plan  |
| Provide a list of planned activities related to your project (e.g., research and development, implementation and testing, community engagement and outreach, evaluation [i.e., key performance indicators] and reporting, and capacity building).For each activity, please provide a brief description and an estimated timeline for completion. If possible, please also include any relevant milestones, expected outcomes, and any dependencies between activities.Your planned activities should align with the goals and objectives of the Models of Care Innovation Fund and demonstrate how you will achieve your proposed outcomes. |

| 3.0 Proposed Budget  |
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| Provide a complete list of all expenses associated with your project (e.g., personnel costs, equipment costs, supplies, and any other direct or indirect expenses). Please itemize your budget to support specific line items with a brief description and, where possible, a unit cost for each item. If possible, include an explanation of how each expense will contribute to the success of your project*.* ***Please Note:*****Organizations will be provided a maximum of $2 million of funding per project.****All expenditures must demonstrate good value for money.** **Priority will be given to projects that are submitted with in-kind contributions and that focus on sustainability as a key part of the project.**  |