

# **Resident Physician Wellness Initiative Grant**

## **Application Package**

## **Background and Purpose**

Wellness is one of the strategic priorities of the Professional Association of Resident Physicians. PARA strives to encourage, facilitate, and preserve our members' pursuit of well-being, in all its many facets, both personally and professionally. Funding, in the form of grants, is available through PARA, to support resident physician-led initiatives that promote wellness within PARA's membership.

#### Eligibility

- 1. Applicant(s) must be a PARA member in good standing within the Association.
- 2. Only one application per person will be allowed per academic year.
- 3. The duration of funding for each initiative should be limited to 12 months.
- 4. PARA Assembly Delegates may apply.
- 5. PARA Executive Board members may apply however, may not be the primary applicant.
- 6. Previously funded initiatives will not be eligible for reapplication.
- 7. Initiatives will include a formal wellness component.
- 8. Resident physicians may receive funding a maximum of twice and not in consecutive years.

# **Application Process**

Successful applications will outline how the initiative will impact a broad cross-section of resident physicians and display an innovative strategy for addressing wellness goals. Preference will be given to initiatives rather than one-time events. This grant is not intended to fund current existing initiatives.

Resident Physician Wellness grants will be made available to PARA members via the Community and Wellness Committee. This Committee will be responsible for the announcement, evaluation and disbursement of the grants to resident physicians on a yearly basis.

Applicants should complete and submit the attached grant application form. Should the proposal be reviewed favorably, more information about the proposed initiative may be requested.

Completed applications can be emailed to: Robin Raworth, robin.raworth@para-ab.ca

# **Application Deadlines**

There are two deadlines to submit applications for the Wellness Initiative Grant.

- September 15: applications reviewed after the deadline, response within 15 business days.
- January 15: applications reviewed after the deadline, response within 15 business days.
- May 15: applications reviewed after the deadline, response within 15 business days.



#### **Awards**

The Community and Wellness Committee will endeavor, where possible, to distribute equal numbers of grants to Calgary, Edmonton, Northern Alberta, Southern Alberta, and Central Alberta. The committee will not restrict the number of grants awarded should there be funds remaining after initial allocation and appropriate applications remain.

#### **Financial Considerations**

Grants may be awarded in values not exceeding \$2,000.00 and will closely follow the applicant's submitted budget.

A maximum of \$10,000 per academic year will be available for all supported applications. Applicants will be reimbursed by PARA for costs incurred after submission of receipts. The funds reimbursed will not be greater than the amount stipulated in the grant. Should there be extenuating circumstance for cost overruns, the Community and Wellness Committee will consider additional reimbursements on a case-by-case basis.

### **Post-award Reporting**

At the conclusion of the initiative, or the academic year's end (whichever is more appropriate, given the timeline and nature of the project) successful applicants will be required to submit an Initiative Review document.

#### **Contact**

If you have any questions please contact:

Robin Raworth, PARA Member Services Coordinator

EDM: 780.432.1749 CAL: 403.236.4841

Email: robin.raworth@para-ab.ca

### **Initiatives Ineligible for Funding**

- Call room or lounge updates. Changes to resident physician call rooms or lounges require the approval of AHS.
- Program Events. For program event funding please apply through the following:
  - o University of Alberta Wellbeing Funding
  - University of Calgary Well-being Funding
  - o Rural Well-being Funding
- Snack initiatives
- Program retreats



# **Resident Physician Wellness Initiative**

# **Grant Application Form**

## **Applicant Information**

Applicant name: Program and University: Email address:

Project Title: Contact Person:

### **Description of Activity and Context**

- Indicate how it will support wellness in the resident physician community; if possible include evidence or data.
- Identify the primary resident physician population, as well as other relevant characteristics.
- Identify if this initiative has been done in previous years? If yes, explain previous event(s).

### **Goals and Objective**

• List the broad goal(s) and specific objective(s) for the initiative. Specific aims should refer to outcomes or changes in the community that can improve overall wellness.

#### **Activities and Methods**

- Indicate how resident physicians will be reached by the initiative.
- Include a timeline for initiative or date if planning a specific event.
- Identify stakeholders and how they might be involved in the initiative.

#### **Evaluation Plan**

- What are the outcomes you desire when the activity is completed?
- Indicate how/what indicators will be used to determine whether the effort was successful.

#### **Budget**

- Briefly describe expected initiative cost and state how much funding you are requesting.
- Identify other sources of funding for this initiative, if applicable.

#### **Appendices**

• Include relevant research or letters of support.



# Resident Physician Wellness Initiative Grant Evaluation Form

#### **Initiative details**

Date:

Initiative organizer and email:

Program | University:

Initiative Title:

# **Summary of activity**

- Summary of activity:
- Total number of participants?
- Did this initiative meet the proposed goals?
- What went well?
- What could be improved upon?
- Additional comments:

#### Reimbursement

Amount requested for reimbursement:

Total expenditure of initiative:

Should there be extenuating circumstances for cost overruns, the Community and Wellness Committee will consider additional reimbursements on a case-by-case basis.

Please include receipts.



# **Resident Physician Wellness Initiative Grant**

# **Reimbursement Form**

Project: Budget: Date:			
Name: Address: Email:			
Expense	Date	Receipt no.	Amount
		Total	
Signature			
Additional details or feedback:			