

**Quality Improvement Initiative in Hypertrophic Cardiomyopathy (QIIC) Fund**

**Application Form**

<b>Project Title</b>	
<b>1. Principal Applicant Information</b>	
<b>Name</b>	
<b>Email Address</b> <i>(Communications regarding this application will be sent to this email address)</i>	
<b>Alternate Email address (if applicable)</b> <i>(Both email addresses will be used in communication with the Applicant)</i>	
<b>Title</b>	
<b>Institution</b>	
<b>Legal Name of Institution</b> <i>(for contracting and issuing payments)</i>	
<b>Province</b>	
<b>2. Co-Applicants (if applicable) and Team Members</b>	
<b>Co-applicants:</b> Name: Title: Organization: Email:  Name: Title: Organization: Email:	<b>Other team members:</b> Name: Title: Organization:  Name: Title: Organization:

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**3. Project Details (no more than 4 pages)**

*Unmet medical need: Describe the problem you wish to address and its impact. Describe the project starting point, including quantitative baseline data or metrics. Ensure project does not duplicate other projects/materials already developed or freely available from other centers.*

*Proposed intervention: Describe the proposed project, including measurable and realistic project objectives. If it is part of a larger project where external sources of funding or support have been received, please indicate how the BMS funds will contribute to supporting a unique aspect of the larger project.*

*Patient impact: Describe how your intervention will impact care for oHCM patients (ex. target population, geographic reach, number of patients potentially affected).*

*Team Contribution: Demonstrate that you have the necessary expertise to carry out the project by describing the team member and contributors to the project.*

*Risks and Mitigation: Identify major project risks and how these will be mitigated*

*Evaluation: Describe how you will assess/quantify the success of your intervention*

*Transferability: Describe how the project outcomes will be disseminated and the impact this project could have on other disease sites, healthcare teams or hospitals*

*Additional information (optional): Note any additional information that you feel BMS should be aware of in reviewing this project.*

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**4. Project Timelines:** Document only the critical milestones of the project and approximate timelines associated. Assume Sept 2023 as the project start date. Projects should be completed within 1 year.

Milestone / Key Action	Timeline (month/year)

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<b>5. Budget Proposal: Enter details of your requested budget. Specify job title and time required if applicable.</b>		
<b>Item</b>	<b>Detail</b>	<b>Estimated dollar \$</b>
<i>EXAMPLE - Project Manager</i>	<i>40hr/month x 3 months = 120 h x \$80/hr</i>	<i>\$9,600</i>
<i>EXAMPLE - Translation</i>	<i>10 hr</i>	<i>\$1,000</i>
<b>SUBTOTAL</b>		
<b>TOTAL AMOUNT REQUESTED <i>(inclusive of overhead)</i></b>		

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**6. Department Leadership Authorization:** *Some quality improvement projects may require team members to contribute to the project in addition to their regular duties. Long-term sustainability of a project may also require buy-in from departmental leadership. Please obtain confirmation of project alignment with priorities of the Institution.*

*Sustainability Plan: Please describe your sustainability plan, especially if long-term funding is needed.*

**Confirmation from Chief of Department / Service / Unit**

Chief of Department Name	Department	Signature

Principal Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For assistance with the application form or to submit your completed application, please contact:

**Stéphanie Corriveau, PhD**  
 Scientific Advisor, Cardiovascular  
 QIICardio@BMS.com