**TWH K**rembil **N**ursing **A**wards

**QI Proposal Checklist**

Please initial beside each item to indicate that your submission meets the following requirements. This checklist MUST be completed and submitted with your proposal in order for your proposal to be reviewed.

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| Requirements   * Discuss project ideas with unit leadership team * Email Rose Puopolo (rose.puopolo@uhn.ca ) “Intent to Submit a Proposal” no later than   **November 1** to assign a Krembil Mentor   * Applicant has submitted Proposal prior to deadline of December 1st * The proposal conforms to the required format and length * The applicant has a minimum of one year of work experience as an RN or RPN. * Full contact details for each participant (2 Primary Investigators, primary and/or Krembil mentor, direct manager, team members and mentoring team member(s)) are listed on the Title Page of the Proposal, including an email address. * Budget contains a detailed breakdown of costs * Begin project no later than April and to be **completed by May** * The following are included as appendices :   + Letter of Support from the unit manager\*   + Letter of Support from the unit mentoring team member\*   + Letter of Support from the Krembil Mentor\*   + Attach completed QI Submission Form   + Short biography sketch of both investigators and include any relevant experience in conducting or leading QI projects.     \*If an individual is serving more than one roles (unit mentor and Krembil Mentor or unit mentor and unit manager), one letter may be submitted that addresses the requirements for both roles    Investigators Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Investigators Names (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |