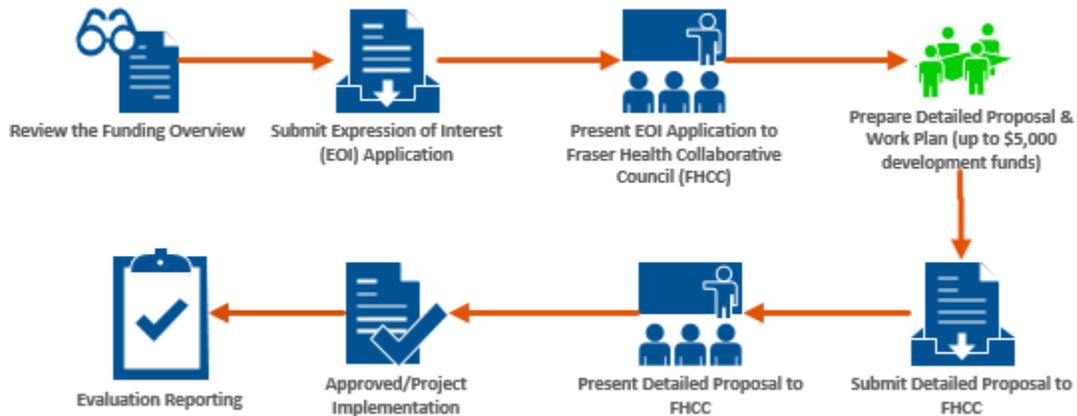


FRASER HEALTH COLLABORATIVE COUNCIL (FHCC)

DETAILED PROPOSAL & WORK PLAN



Please confirm EOI information is accurate (button with EOI attachment)

1. Activity Title
2. Expected Time Frame
<input type="checkbox"/> < 3 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> 7-9 months <input type="checkbox"/> 10-12 months <input type="checkbox"/> Other:
3. Supporting Research
Please provide any supporting research to validate the ideal/target state

4. Objective(s) and Description of Activity

Provide a brief description of the activity

Please provide the specific objectives of this proposed activity

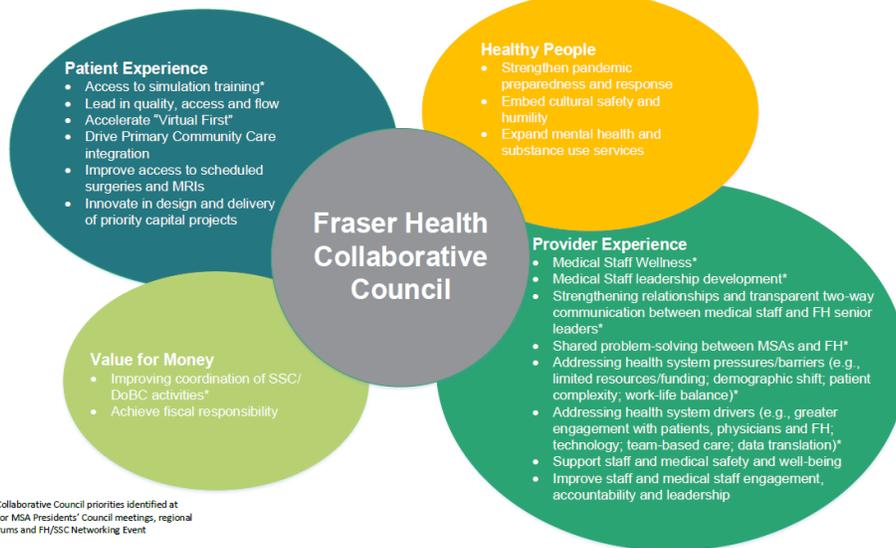
Details of the operation: How will the objectives be executed?

What is in-scope of this activity? What is out-of-scope?

Please provide the major milestones of the project. What will be achieved and by when?	
Please identify any risks or barriers to this activity	
5. Areas of Impact	
Confirm areas of impact. Are there any changes from the initial EOI application? Explain.	
If appropriate, please list the facility areas that the activity would impact (e.g., medical areas, department/divisions, health authority operational areas)	
Please identify the stakeholders who will be impacted by the activity. If applicable, indicate if the stakeholder will be positively or negatively impacted by the activity	
6. Health Authority Engagement and Alignment	
Please indicate how/if the health authority has been/will be informed of the activity, consulted with, involved, and/or a collaborative partner, as applicable.	
<input type="checkbox"/> This project would benefit from HA involvement as it requires input, data, implementation, financial or in-kind resources, etc.	<input type="checkbox"/> I need help finding the appropriate HA contacts.
<input type="checkbox"/> I am aware of the appropriate HA contacts and have included them below	<input type="checkbox"/> Other:

Please indicate appropriate Health Authority contacts (Name/Title/Department/Contribution)

7. Alignment of Fraser Health Collaborative Council Priorities



8. Evaluation Plan

Please indicate how you will assess whether the activity’s objectives are met. Consider how and when data (i.e. indicators) will be collected and analyzed (e.g. metrics being measured, milestones, feedback mechanisms).

Consider referring to the following document to obtain information on how to create a robust emulation plan. Resource: [FE Evaluation Resource Guide Final \(Sept. 2018\)](#)

9. Proposed Budget – Maximum 12 months

Please estimate costs (sessional expenses, meals/venues, project management, evaluation, administration):

Specialist: \$158.97/hour GP: \$158.97/hour

	Sessional Rate per hour	Number of Hours	Total
Sessional Expenses			
Specialist			
GP			
Administration by Medical Staff			
Specialist			
GP			
Evaluation by Medical Staff			
Specialist			
GP			
Consultant			
Project Management by Manager			
Meal/Venue			
Travel			
Miscellaneous			
		Total	

Total Amount Requested:
Please indicate other sources of funding that could be employed
10. Reimbursement for your time
The project group is entitled <u>up to</u> \$5,000.00 to accurately complete the Detailed Application Form. Specialist: \$158.97/hour GP: \$158.97/hour

SUBMIT THIS FORM TO: Jemimah Membreve (jemimah.membreve@fraserhealth.ca)