

## **APPLICATION FOR A TRANSPLANT CENTRE INCENTIVE GRANT (TCIG)**

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### **APPLICATION INFORMATION**

(a) **Submission guidelines**

**Applications must be submitted electronically:** please send the completed application form to [imcintosh@cysticfibrosis.ca](mailto:imcintosh@cysticfibrosis.ca). In addition, one completed paper copy **with original signatures** must be sent to the office of Cystic Fibrosis Canada, by the deadline date.

***THIS APPLICATION MAY NOT EXCEED 15 PAGES, SINGLE-SIDED, SINGLE-SPACED, WITH 1-INCH MARGINS ON ALL SIDES, IN 12 POINT FONT SIZE.***

(b) **Deadline for submissions**

*Completed applications must be received by **October 3, 2011**.*

**APPLICATIONS RECEIVED AFTER THE DEADLINE DATE WILL BE SUBJECT TO A PENALTY EQUAL TO 10% OF THE VALUE OF THE AWARD, FOR THE FIRST YEAR, PLUS AN ADDITIONAL 10% FOR EACH SUBSEQUENT YEAR.**

(c) **Eligibility**

*Any Canadian lung transplant centre that currently has one or more individuals with cystic fibrosis listed for transplant may apply for a Transplant Centre Incentive grant. (No funding will be provided to more than one transplant centre in the same city.)*

(d) **Accreditation Site Visits**

*Centres that hold a Transplant Centre Incentive grant will be required periodically to host an Accreditation Site Visit. Site reviewers will be designated by the Clinic Subcommittee of Cystic Fibrosis Canada, and the full cooperation of transplant centre personnel will be sought in arranging and conducting these site visits. Centres that have hosted a site visit since submitting their last grant application are requested to comment on the resulting report and its recommendations.*

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**PLEASE REMOVE THIS PAGE PRIOR TO COPYING AND SUBMITTING THE APPLICATION FORM.**

**APPLICATION FOR A TRANSPLANT CENTRE INCENTIVE GRANT (TCIG)**

- Initial application                       Renewal application

**A. GENERAL INFORMATION**

Date \_\_\_\_\_

Name of Institution \_\_\_\_\_

City and province \_\_\_\_\_

Name/title of Program Director \_\_\_\_\_

Signature of Program Director \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**B. INSTITUTIONAL APPROVAL**

- (a) Head of Department responsible for administration and supervision:

Name and title \_\_\_\_\_

Signature \_\_\_\_\_

- (b) Executive of Institution administering grant:

Name and title \_\_\_\_\_

Signature \_\_\_\_\_



**E. REPORT**

***A detailed report, covering the points noted below, should be appended to this application. The report should cover the period January 1, 2010-December 31, 2010, but applicants are encouraged to include additional information on developments thus far in 2011.***

**1. Patient care program****(a) Overview**

This section of the report should describe the following:

- physical facilities of the lung transplant program
- surgical and non-surgical personnel, and approach to team-based care for cystic fibrosis patients awaiting transplants
- policies for assessment, acceptance, pre- and post-operative care
- special policies for pre-operative care for cystic fibrosis patients
- policies on cystic fibrosis patients colonized with *Burkholderia cepacia* complex
- resources available to cystic fibrosis patients with respect to obtaining information on accommodation, transportation, and other services.

**(b) Cooperative relationships**

Describe current relationships, and any efforts to establish or enhance relationships with:

- referring cystic fibrosis clinics
- local cystic fibrosis clinic(s)
- other hospital departments (i.e., for consultative purposes)
- hospital foundation (i.e., with respect to development of trusts for donations in support of personal expenses of transplant candidates).

**(c) Special programs**

Describe any special programs related to patient care that are not covered elsewhere in this report.

**2. Research and publications**

Please provide a brief description of any research initiatives, and full citations for all publications relevant to cystic fibrosis by members of the lung transplant team during the year, and manuscripts currently in press or in preparation.

**3. Education****(a) Formal teaching activities**

- professional
- CF patients and support persons

**(b) Other programs**

- participation in and presentations at meetings, conferences, seminars
- hosting of visiting physician/s
- other educational programs

**E. REPORT (cont'd.)****4. Other**

Please provide any additional or supporting information relating to this funding request.

**F. STATISTICAL REPORT**

The value of Transplant Centre Incentive grants will be determined in accordance with a formula that takes into account the number of CF patients assessed for transplantation; transplanted; and followed post-op. Applicants are asked to provide the relevant figures for the three most recent years; an average will be used to calculate the value of the award. ***Please complete the following statistical report, bearing in mind that the information required relates to CF PATIENTS ONLY.***

<b>Please indicate the number of CF patients in each category:</b>	<b>January 1 – December 31 2008</b>	<b>January 1 – December 31 2009</b>	<b>January 1 – December 31 2010</b>
Assessed	_____	_____	_____
Accepted for transplantation*	_____	_____	_____
Died on waiting list	_____	_____	_____
Transplanted	_____	_____	_____
Followed, post-op Year 1	_____	_____	_____
Followed, post-op Years 2-5	_____	_____	_____
Followed, post-op Years 5+	_____	_____	_____
Died post-op	_____	_____	_____
<b>Of those transplanted within each calendar year, please indicate:</b>			
Median wait time (months)	_____	_____	_____
Range of wait times (months)	_____	_____	_____

\* patients who have been assessed and are active on the waiting list.