

# Developing Competitive Programmatic Grants

William Ghali -- Scientific Director, IPH

Panel: - Melanie Rock, Lynn McIntyre,  
Braden Manns, and Tom Stelfox

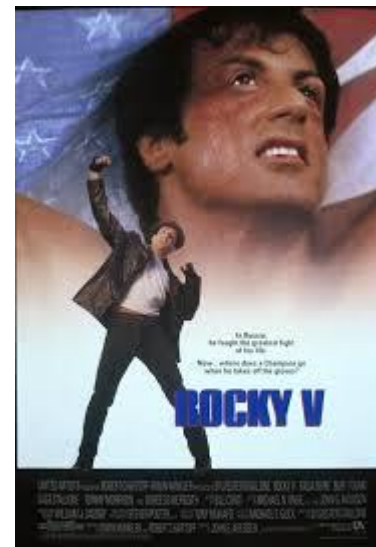
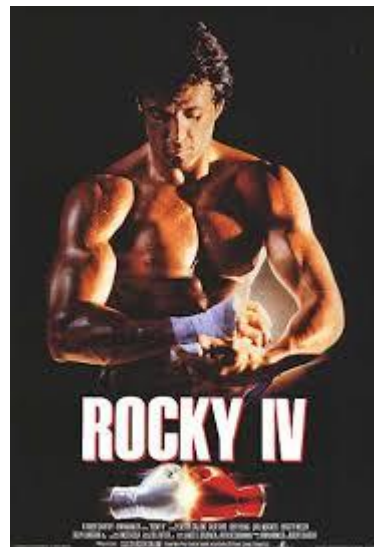
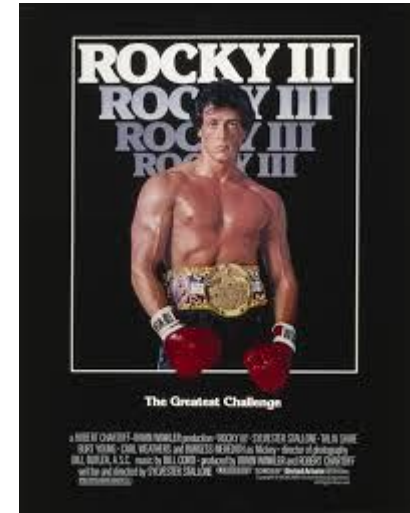
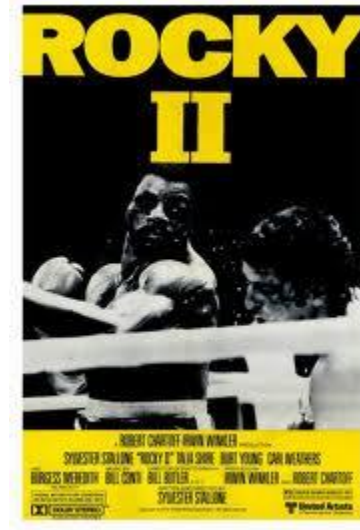
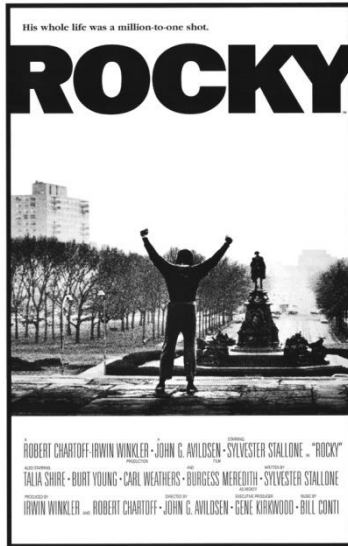
# The grant funding game:

Strategies that might help your funding applications

William Ghali

Scientific Director, IPH

(with the Returning Panel)



# The IPH Grant Strategy Series

- Introductory session
- Revision & resubmission
- Grant budgets
- Knowledge Translation
- Peer review: do it! (well...)
- And today: programmatic grants



# When would you develop a “program”?

- Actual “program grant” competitions
  - e.g., “CRIO program”
- Team grants
- Infrastructure grants (for CFI and/or AET)
- Some project grants
- ...and CIHR’s new Foundational Scheme

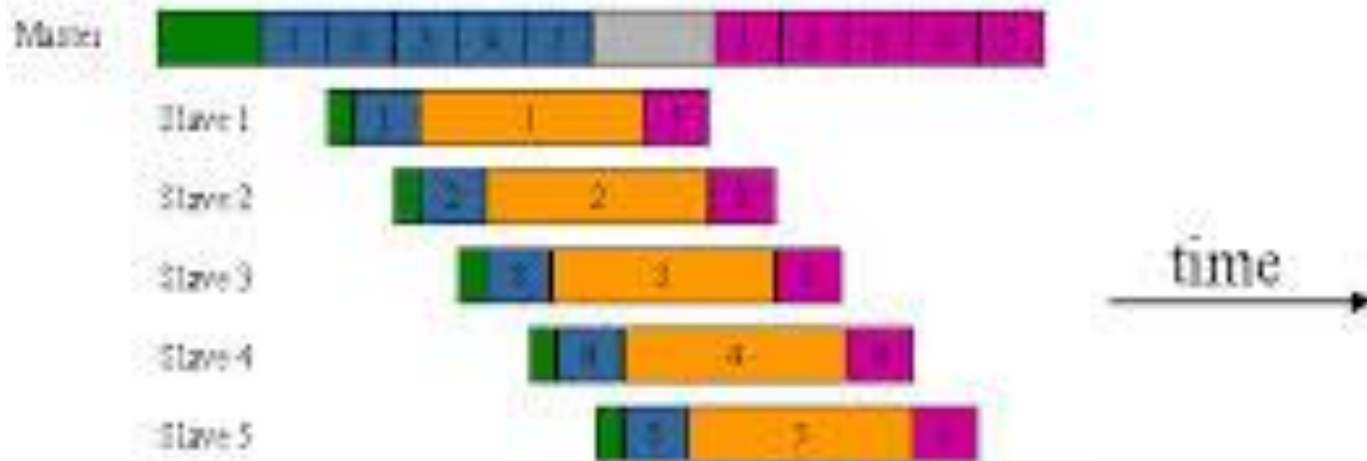


# Program structure

- sequential



- parallel



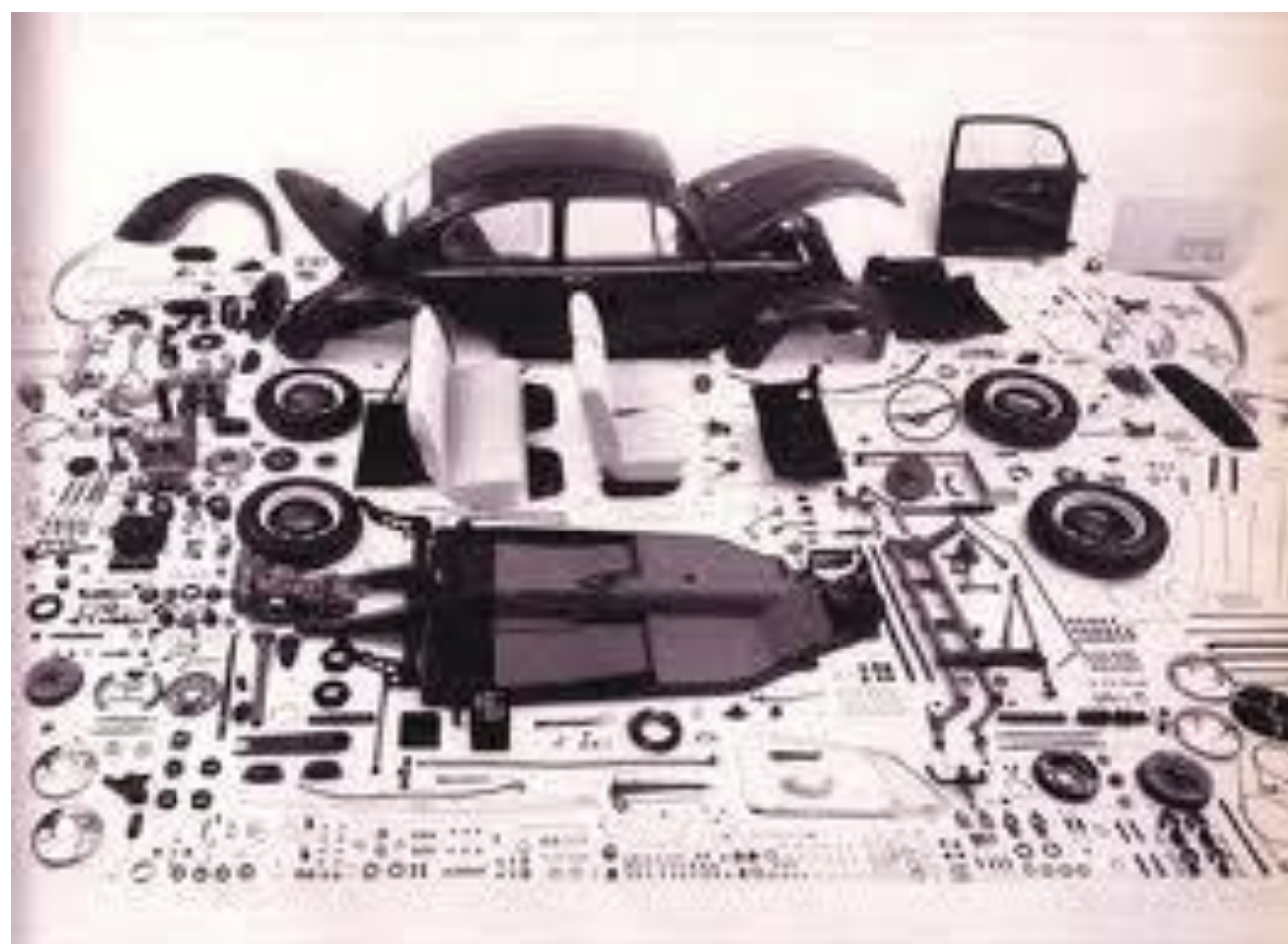
- legend:



# Integration and Synergy

- Whole > parts?
- Thematically integrated?
- Synergy?
- Variety?
  - Mixed methods? (++++)
  - Mapping to a team's interdisciplinarity?
  - Changes of pace?





# Hazards

- Disconnected elements
- Interdependency
- Later pieces conditional
- Redundancy
- Budgetary overlap
- Lack of detail



# Detail

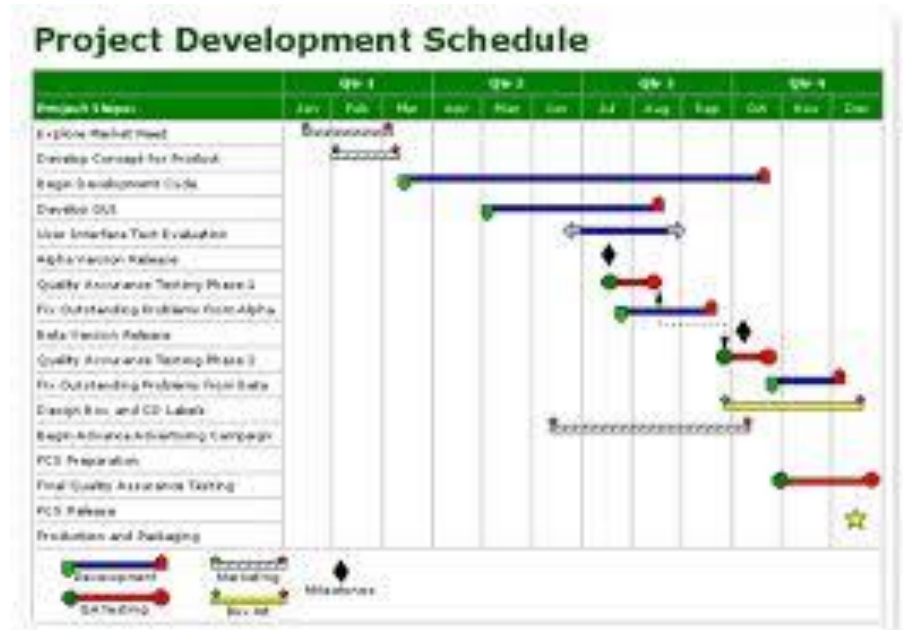
- Always expected
- But you don't have much space for each piece (!!)
- Need to find balance (reduce background)
- Can use disclaimers (re: space for details)
- More acceptable when underlying grants written



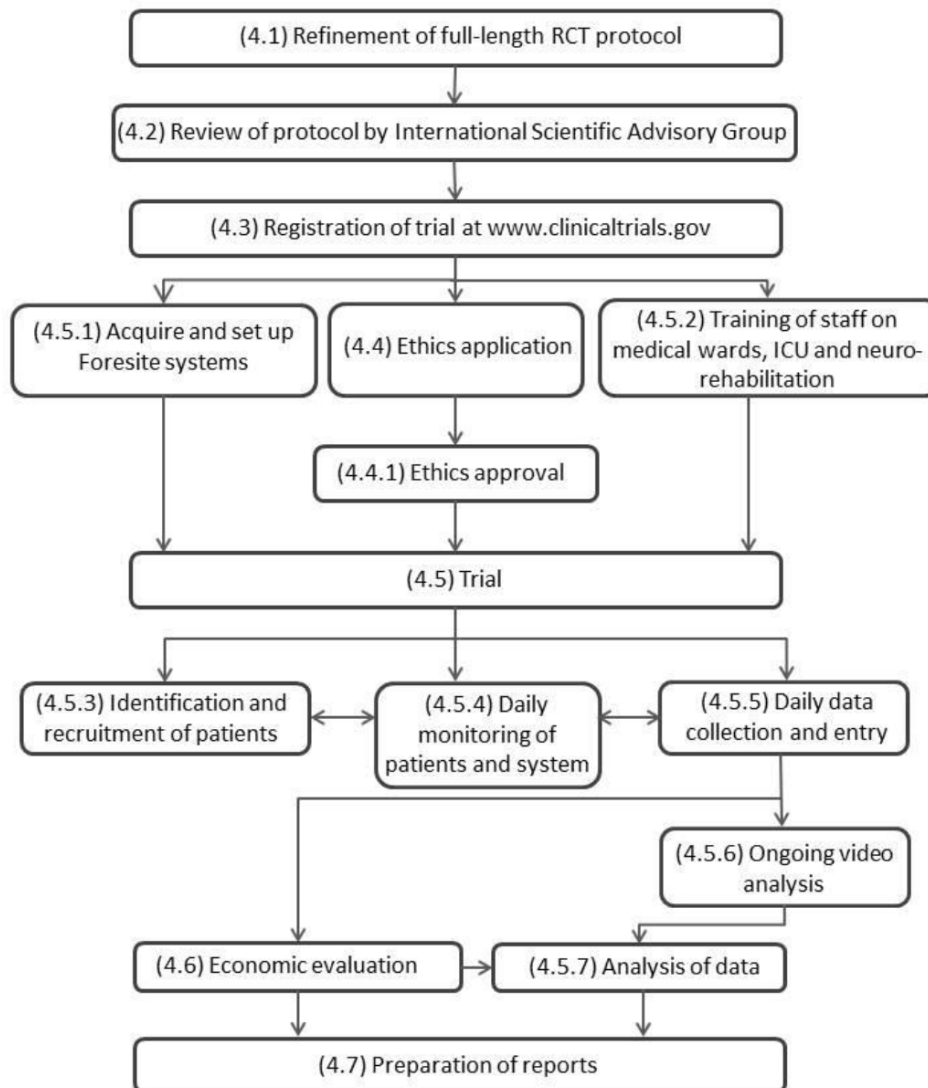
# Extras

## Program Management:

- Gantt charts
- Risk mitigation and contingency analysis
- Critical path diagrams
- Knowledge translation



Key Risk Factors	Mitigating Factors – reassuring low probability of risk	Contingency Plan
Overarching Risks for All Projects		
Faculty departures and turnover	<ul style="list-style-type: none"> <li>Historically high retention of collaborating faculty and large team with diverse expertise.</li> </ul>	<ul style="list-style-type: none"> <li>Projects are planned collaboratively with multiple levels of faculty and stakeholders. Team is enabled to respond in the case of departure of a single individual.</li> </ul>
Loss of or reduction of W21C core funding from federal or provincial agencies	<ul style="list-style-type: none"> <li>Multiple agencies currently support the W21C. As such, loss of funding from one agency could potentially be covered by funds from other sources.</li> </ul>	<ul style="list-style-type: none"> <li>CRIO budget as presented would permit completion of proposed work because it is not dependent on presence of core program funding. However research activity would be enhanced with core</li> </ul>

**RESEARCH PROJECT A: Pressure Sensing RCT**

Project	End Users	KT Strategy	KT Outcome
A	<ul style="list-style-type: none"> <li>• XSENSOR</li> <li>• Other device developers</li> <li>• AHS procurement</li> <li>• Purchasers in other health systems</li> <li>• Clinical care providers</li> </ul>	<ul style="list-style-type: none"> <li>• Direct feedback to company</li> <li>• Academic dissemination</li> <li>• Direct meetings with AHS procurement leads</li> <li>• Education of providers on use of device (if beneficial)</li> <li>• Dissemination at W21C KT events and technology showcase events</li> <li>• Dissemination at W21C KT events</li> </ul>	<ul style="list-style-type: none"> <li>• Proof of efficacy for an AB-based company (with associated economic benefits to the province)</li> <li>• Evidence to inform procurement</li> <li>• Proof of concept for other devices</li> <li>• Evidence on cost-effectiveness</li> <li>• Potential application and uptake on vulnerable patients</li> <li>• Reduced burden of pressure ulcers in at-risk populations</li> </ul>
B	<ul style="list-style-type: none"> <li>• Clinicians</li> <li>• AHS IT</li> <li>• AHS Quality and Safety</li> </ul>	<ul style="list-style-type: none"> <li>• Academic publications</li> <li>• Presentations at national and international meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Improvement in PE diagnosis using implemented tool</li> <li>• Fewer avoidable</li> </ul>



**CIHR IRSC**

Canadian Institutes of  
Health Research

Instituts de recherche  
en santé du Canada

**Table i.** Summary of key features in the new Open Funding Schemes.

Summary of the new Open Funding Schemes		
	Project Scheme	Foundation Scheme
<b>Proportion of CIHR's Open Funding Grants Budget</b>	Approx. 55%	Approx. 45%
<b>Grant Value<sup>†</sup> (per year)</b>	Approx. \$25,000 to \$750,000	Approx. \$50,000 to \$1.5 million
<b>Grant Duration</b>	1 to 5 years	5** or 7 years
<b>Eligibility</b>	One or more independent researchers and/or knowledge users from any health field and at any career stage	One or more independent researchers from any health field and at any career stage
<b>Number of grants awarded per year (at steady state<sup>***</sup>)</b>	Approx. 939****	Approx. 114
<b>Number of active<sup>*****</sup> grants supported per year (at steady state)</b>	Approx. 2,200	Approx. 750



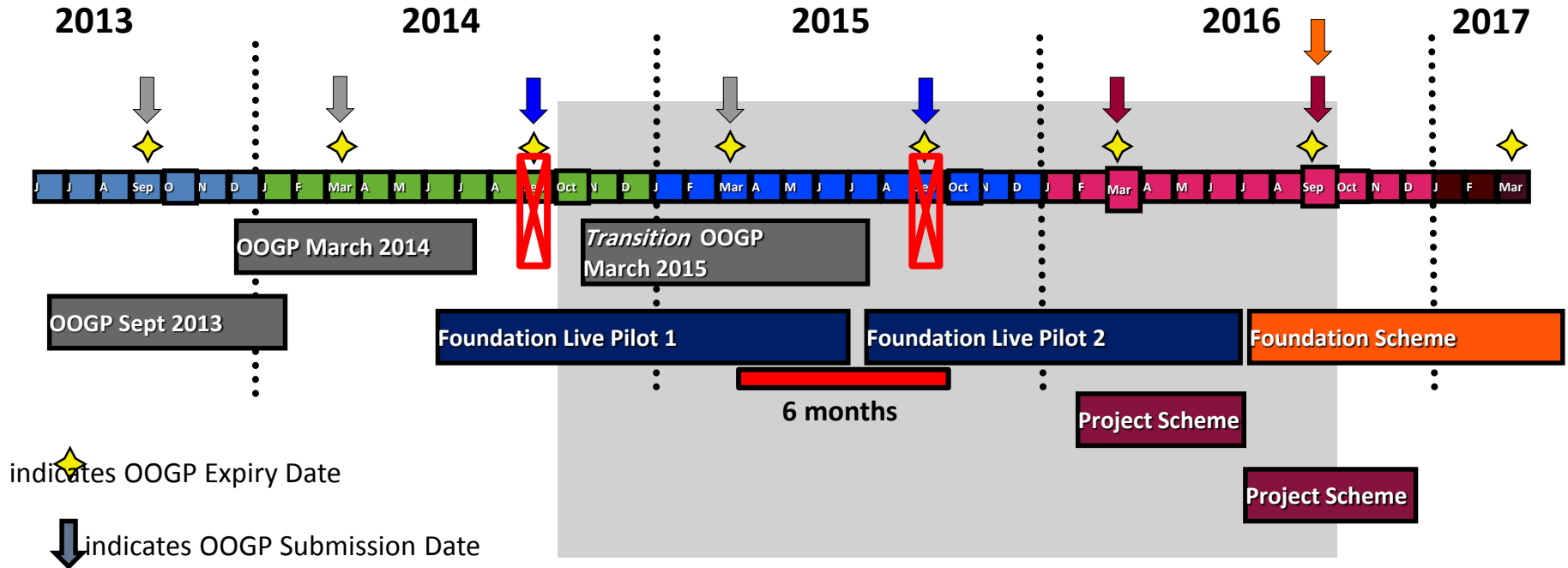
# **IN THE DOOM AND GLOOM OPPORTUNITY LOOMS**

JULIAN HALL

[ULTRAPRENEURSAYINGS.COM](http://ULTRAPRENEURSAYINGS.COM)



# Changes to CIHR Open Operating Grant Timeline

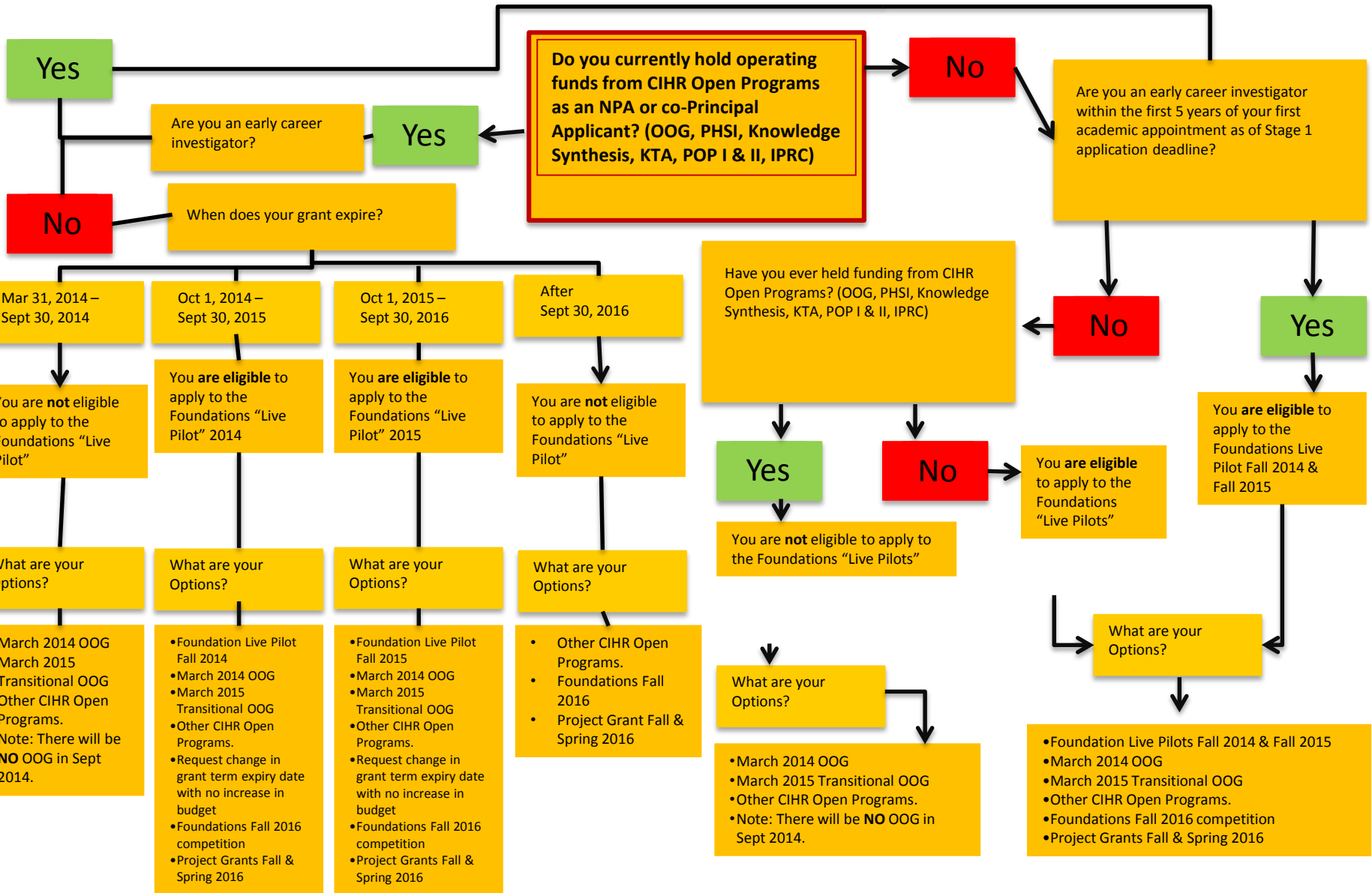


## Grants expiring during this time have one or more of the following options:

- apply early to any of the remaining OOGP competitions without penalty (Spring 2014 OOGP, Spring 2015 Transitional OOGP)
- request a change in grant term expiry date with no increase in budget
- apply to a Foundation Live Pilot competition
- wait and apply to March or September 2016 Project Scheme
- wait and apply to the September 2016 Foundation Scheme
- apply to one of the Open Knowledge Translation Programs

██████████ Delay in onset of funding of successful Foundation Pilot #1 grantees

# CIHR Foundations Pilot Eligibility & Options



**Get With The  
'Program' OR**



**Learn to Live  
in Mediocrity**



Anne M. Bachrach  
The Accountability Coach™