CARE FOR STAFF APPLICATION INSTRUCTIONS

The following are section-by-section instructions on how to complete the Care for Staff application form.

Section A – Applicant Information

In this section, please provide information of the applicant.

Section A - Applicant information

Name of Applicant

Email

Phone number

123-456-7890

Name of applicant site/operation:

Address

Street Number:

Street Name:

Unit#:

City:

Province:

--None--

Postal Code:

eg. T6H 3C2

Section B – Quick intervention project information

In this section, please provide a short, written description of the QIP, and choose one of the QIP categories from the drop-down menu. For additional information about the QIP categories, please refer to the *Care for Staff Program Information* document.

Section B - Quick Intervention Project (QIP) information

Please provide a short description of the QIP:

QIP Category:

--None--

Section C – New QIP funding request

Complete this section if the QIP in question is a new QIP project, i.e. not a reimbursement application. For a reimbursement application, please skip to section D.

Please provide the expected number of participants, as well as the expected start and end dates of the QIP.

Section C - New QIP funding request

If this is an application for reimbursement for a completed QIP, please proceed to Section D.

Expected number of participants:

	0

Expected project start date:

2024-02-26

Expected project end date:

2024-02-26

Section D – Reimbursement of a completed QIP

Complete this section if this is a reimbursement application. Please note that the QIP has to have started after July 1, 2023 in order for consideration.

If Section C was completed, please skip Section D.

Please provide the actual number of participants, as well as actual start and end dates of the completed QIP being considered for reimbursement.

Section D - Reimbursement of a completed QIP

If this is a completed QIP that started after July 1, 2023, please provide the following:

Actual number of participants:

Actual project start date:

2024-02-26

Actual project end date:

2024-02-26

Section E – Funding requested

Please provide the total amount of funding requested in this application. Refer to the "Funding model and logistics" within the *Care for Staff Program Information* eligible amount.

Section E - Funding requested

Please state the total amount of funding being requested. The amount must not exceed either the estimated cost in eligible expenses for the proposed QIP, or the total eligible expenses incurred by the completed QIP seeking reimbursement.

Amount of funding requested:

Section F – Billing information

Please provide the mailing address where funding should be sent if the QIP is approved.

Section F - Billing information

Should this application be approved, please provide mailing address where approved funds should be sent:

Street Number:

Street Name:

Unit #:

City:

Province:

--None--

Postal Code:

eg. T6H 3C2

Section G – Acknowledgement

Section G - Acknowledgement

- I/we declare that all information provided in this funding application is true, complete, and accurate to the best of my/our knowledge. I/we understand that any false or misleading information may result in the rejection of this application
- I/we acknowledge receipt of the funding guidelines, terms and conditions, and any other relevant documents provided by the funding organization. I/we agree to comply with all requirements and to seek clarification if any aspect of the application process is unclear
- I/we understand that upon submission of this application, the applicant will receive an email requesting additional supporting documents including but not limited to QIP eligible expense projections/receipts and documentation of CC staff involvement in QIP design.

☐ I acknowledge the above statements.

Submit ● ● →

Please read and acknowledge the provided statements by checking the box before the application is submitted.

What happens next?

An automated email such as the example below with the subject "Completing your Care for Staff application | Case#0000XXXX" will be sent to the applicant email address. Please reply to the email with the requested attachments. Once we have received the requested attachments, the application is considered complete and will be reviewed for approval. The Care for Staff team will be in touch with all applicants with missing information to assist in the completion of their applications.

Please check your junk mail folder for any Care for Staff related communication in case messages are redirected there in error.

Subject: Completing your Care for Staff application | Case#0000XXXX

Thank you for submitting your Quick Intervention Project (QIP) application to Care for Staff. We require a few more pieces of information to complete your application before we can proceed to review.

For your reference, your application/QIP case number is: **0000XXXX**

To complete your application, please submit the following attachment by replying to this email message for all that applies:

- **FOR ALL APPLICATIONS** – please provide documentation demonstrating that the design of the QIP involved contribution from, or consultation with, Continuing Care staff from the application site.

- IF the QIP falls within the **"Others" category** – please provide documentation demonstrating that the QIP can be considered "evidence-based".

- IF this is an application for funding to support a **proposed** QIP, please provide a documented estimate for eligible expenses.

- IF this is an application for **reimbursement** of eligible expenses for a completed QIP, please provide documented proof of expenses.

Please submit your additional support documents by REPLYING to this message and ATTACHING the supporting documents as attachments.

We look forward to receiving these attachments and proceeding to review your QIP application.

Thank you again for applying to the Care for Staff program.

Please email **careforstaff@ab-cca.ca** with any inquiries.