**Instructions**

**Office Use Only**

Date Rec’d:

|  |
| --- |
| 1. Complete this form as thoroughly as you can with responses directed to a general audience. 2. Submit the completed form as indicated below:  * For research projects: Email the form to [research@cvmc.us](mailto:research@cvmc.us) * For EBP and quality improvement projects: Email the form to [ebp@cvmc.us](mailto:ebp@cvmc.us)   *You will be contacted for an appointment or appropriate next steps.* |

**Contact Information**

|  |  |  |
| --- | --- | --- |
| **Name:** | | **Date:** |
| **Email:** | **Phone:** | |
| **Dept/Practice:** | **Supervisor:** | |

*Please respond to the following questions as completely as you can:*

**Activity Type(s)**

|  |  |  |
| --- | --- | --- |
| **What type of activity are you proposing?**  (Select all that apply.) | Research  Evidence-Based Practice  Quality Improvement | Education  Operations  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Project Summary**

|  |  |
| --- | --- |
| **Describe the project idea.**   * What will you do? * Where? * With whom? * And MOST IMPORTANT: Why? | Click here to enter text. |

**Descriptive Keywords**

|  |  |
| --- | --- |
| **What keywords describe the project?**  Provide both broad and specific terms and keyword phrases. For instance: “Nursing Heparin Protocol,” “Lab Operational Procedure,” etc. | Click here to enter text. |

**Project Description**

|  |  |  |
| --- | --- | --- |
| **Problem/Need?**  Describe the specific need, issue, or question the project will address. | Click here to enter text. | |
| **Goals & Objectives?**  What do you hypothesize the project impact will be?  What specific changes do you expect to make in the organization or among the beneficiaries as a result of this project? | Click here to enter text. | |
| **Actions?**  What major steps will need to be taken to make the proposed changes happen? | Click here to enter text. | |
| **Beneficiaries?**  Identify and describe the individuals and/or groups who may benefit, either directly or indirectly, from your efforts. | Clinical staff  Non-clinical staff  Current patients  Future patients | Department/Practice  Discipline(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Alignment with CVMC Goals?**  Identify the organizational goal(s) served by this project. | Click here to enter text. | |

**Start Date and Length of Project**

|  |  |
| --- | --- |
| **Timing and Project Length:**   * When would the project begin? * How long do you predict the project will take? * Is the project time sensitive? | Click here to enter text. |

**Resources and Budget**

|  |  |  |
| --- | --- | --- |
| **What resources will be needed to accomplish the project goals?**  *(Staffing, equipment, training, materials, supplies, services, etc.)* | Click here to enter text. | |
| **What is the estimated total funding needed for project?**  Is there a helpful smaller amount that could start your project and still make an impact? | **$\_\_\_\_\_\_\_\_\_\_\_ Estimated total project budget**  **$\_\_\_\_\_\_\_\_**\_\_\_ **Smaller “starter” amount?** | |
| **Do you have any funding sources already in mind?**  If no funding is required, state NA. | Click here to enter text. | |
| **Are there any potential collaborative partners for this project?**  Consider possibilities within your own unit/department/practice, others within the organization, community, and/or state, etc. | Click here to enter text. | |
|  | | |
| **FOR OFFICE USE ONLY**  Project Decision: Approved Denied | | |
| Organizational Signature: | | Date: |