**Please Read Instructions Carefully Prior to Starting**

**Guidelines must be followed, or proposals will be returned without being read by your Governance Organization**

The project need not be complete at the time of submission, but all funding should be spent, and the narrative report should be a comprehensive description of the status of the project at the time of the report. Project Leads may be asked to update their reports at a later date.

1. IMPORTANT: Do not delete or add any sections. All sections of this document are numbered to ensure completeness and will be checked upon submission by your Governance Organization.
2. 3 pages total of charts or graphs may be added to the Final Narrative and/or Return on Investment Section only. Project Leads are encouraged to use jpeg or the [wrap text](https://support.microsoft.com/en-us/office/wrap-text-around-a-picture-in-word-bdbbe1fe-c089-4b5c-b85c-43997da64a12#:~:text=Go%20to%20Picture%20Format%20or%20Shape%20Format%20and%20select%20Arrange,and%20Bottom%2C%20and%20Behind%20Text.) function around images to efficiently utilize the space on the application form.
3. The Plain Language Abstract and the Highlights section both have maximum character limits of 1250 characters and 350 characters respectively. These may be posted on the IFPOC public website and will be included in press releases. All other sections have a recommended number of characters as a guideline.
4. To input text, click in the section; the space will expand as you enter information. Please note as this is an open document and the spacing of sections will vary. For ease of adjudication, if a section header is separated from the body, please adjust the spacing to keep them together.
5. The required font and size for this application form is Calibri 11. Prior to submission, please ensure all sections meet this requirement.

**Please delete this instruction page and save as PDF prior to uploading.**

**AHSC AFP Innovation Fund**

**FORM P3W – FINAL NARRATIVE REPORT**

**Part 1 of Final Project Status and Accounting Report**

Year 17 . 2024-25

Version P3W 17.0

1. PROJECT SUMMARY

|  |  |  |  |
| --- | --- | --- | --- |
| Innovation Fund Project Code | | Date Report Completed (dd/mm/yy) | |
|  | |  | |
| Project Title | | | |
|  | | | |
| Project Lead #1 | | | |
| Name | | Title | |
|  | |  | |
| Name of Institution | | Name of AFP Governance Organization | |
|  | |  | |
| Contact Email | | | |
|  | | | |
| Project Lead #2 (optional) | | | |
| Name | | Title | |
|  | |  | |
| Name of Institution | | Name of AFP Governance Organization | |
|  | |  | |
| Contact Email | | | |
|  | | | |
| Project Duration | | | |
| 1 Year ( ) 2 Years ( ) | | | |
| Project Funding Details | | | |
| Year 1 Budget | Year 2 Budget (if applicable) | | Total Budget |
| $ | $ | | $ |
| Project Spending Actual | | | |
| Year 1 Spend | Year 2 Spend (if applicable) | | Total Spent |
| $ | $ | | $ |
| Amount to be returned to the Government of Ontario (if applicable) | | | |
| $ | | | |

1. ABSTRACT

|  |
| --- |
| 2.1 Briefly outline the project and discuss the success and impact of your project. This abstract will be available to the public on the Innovation Fund website.  Maximum 1250 characters including spaces |
|  |

2.2 PROJECT IMPORTANCE AND IMPACT

|  |
| --- |
| 2.2 Please concisely highlight why this project is important and provide specifics of the impact achieved or anticipated (for sound bites).  Examples could include patient care improvements, cost or time savings, reduced wait times, greater understanding of the disease evaluated or scientific breakthroughs. This summary will be profiled on the IFPOC website.  Maximum 350 characters including spaces |
|  |

1. KEY OUTCOME MEASURES

|  |
| --- |
| 3.1 Have any **publications** occurred as a direct result of this project (after the project started)? |
| Yes ( ) No ( ) |

|  |
| --- |
| 3.2 If yes, please state the number of **publications**. |
| (#) Number |

|  |  |
| --- | --- |
| 3.3 Please list the peer-reviewed papers published or “in-press” resulting from this project as follows:  Authors’ last name and first initials (list first 6 and if more add et al.). Article Title. Journal title. Year; Volume: page numbers. DOI.  Examples from the National Library of Medicine are here: <https://www.nlm.nih.gov/bsd/uniform_requirements.html> | |
| Paper 1 |  |
| Paper 1 DOI |  |
| Paper 2 |  |
| Paper 2 DOI |  |
| Paper 3 |  |
| Paper 3 DOI |  |
| Paper 4 |  |
| Paper 4 DOI |  |
| Paper 5 |  |
| Paper 5 DOI |  |
| Paper 6 |  |
| Paper 6 DOI |  |

|  |
| --- |
| 3.4 Have any **presentations** occurred as a direct result of this project (after the project started)? |
| Yes ( ) No ( ) |

|  |
| --- |
| 3.5 If yes, please state the number of **presentations**. |
| (#) Number |

|  |
| --- |
| 3.6 Has this project resulted in any new procedures or practices in healthcare delivery? |
| Yes ( ) No( ) |
| 3.7 If yes, has this project resulted in practices which are being employed frequently at your or other institutions? |
| Locally () Provincially ( ) Nationally ( ) Beyond ( ) |
| If yes, please elaborate in the final narrative |

|  |  |
| --- | --- |
| 3.8 What funding amounts from other sources were received during (from the **beginning** to the **end**) of this project? | |
| **Source** | **Total Amount** |
| CIHR | $ |
| Other | $ |
| Total | $ |

\* "Other" sources could include: Other AFP funds but not from the Innovation Fund; Cash contributions (not of kind) from any other funding bodies such, or other organizations; Cash contributions from businesses or community organizations; Cash contributions from practice plans, or other sources.

|  |  |
| --- | --- |
| 3.9 A. Will the project continue in some form? | |
| Yes ( ) No( ) Unknown( ) | |
| 3.9 B. Has this project resulted in further grants or other funding based on the results obtained (**after** all IF funds were spent)? | |
| Yes ( ) No( ) | |
| **Source** | **Total Amount** |
| CIHR | $ |
| NIH | $ |
| Other | $ |
| Total All Sources | $ |

|  |
| --- |
| 3.10 Did the Innovation funding assist you in the mentorship or training of any students, residents or fellows? |
| Yes ( ) No( ) |
| 3.11 Please state the number trained. |
| (#) Number |

|  |  |  |
| --- | --- | --- |
| 3.12 Did this project result in the development of intellectual property, patent pending or a patent? If yes, please list them. | | |
| Yes ( ) No( ) | | |
| Patent Number | Country Code | Document Number |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| 3.13 Was this project mentioned in social or public media? | |
| Yes ( ) No( ) | |
| 3.14 If yes, what are the number of mentions and sources? | |
|  | |
| 3.15 Sources | |
| 1. |  |
| 2. |  |
| 3. |  |

|  |
| --- |
| 3.16 Has your research translated into changes in clinical care guidelines? (if yes, please add to your narrative) |
| Yes ( ) No( ) |

1. FINAL NARRATIVE

|  |
| --- |
| Executive Summary, Conclusion and Next Steps:  Please include:   1. An introduction with the objective of the project. 2. Outcome performance metrics (specify the outcome metrics provided in original Project Proposal (P1) and discuss the results obtained, including a discussion of the appropriateness of each metric employed). 3. Summary of results and discussion of your conclusions and next steps. 4. How will the delivery of health care be improved?   Recommended 16,000 characters including spaces (charts and graphs may be included in this section). |
|  |

1. RETURN ON INVESTMENT OF THE INNOVATION FUND (Optional):

|  |
| --- |
| Please provide a brief description (in simple language, a story) which illustrates the value of your project for health care delivery in Ontario. The story could be from a patient or a system perspective and demonstrates the benefits of your IF grant.  Recommended 8,000 characters including spaces (charts and graphs may be included in this section). |
|  |