

Locally Driven Collaborative Projects

Participation guidelines for Cycle 5



January 2018

Contents

- 1. Purpose 1**
- 2. LDCP Program..... 2**
 - 2.1 Program Goals..... 2
 - 2.2 Program Activities 2
 - 2.3 Supports Provided by Public Health Ontario 4
- 3. Project Funding and Criteria..... 5**
 - 3.1 Project Funding 5
 - 3.2 Qualifying Criteria 5
- 4. Opportunities for Participation 6**
- 5. LDCP Project Plans 9**
 - 5.1 Project Plan Submission 9
 - 5.2 Meaning of Signatures on LDCP Project Plan..... 9
 - 5.3 Ethical Requirements 10
 - 5.4 Information Sharing 10
 - 5.5 Review Process..... 10
- 6. Funding Administration and Terms of Award 12**
 - 6.1 Transfer Payment Agreements 12
 - 6.2 Acknowledgement Forms 12
 - 6.3 Eligible Expenses 12
 - 6.4 Reporting..... 13
 - 6.5 Credit, Ownership and Use of Materials..... 14
- Appendix A: Project Plan 15**
- Appendix B: Template Acknowledgement Form..... 16**

1. Purpose

The purpose of this document is to provide public health units (PHUs) and their project partners with information about the Locally Driven Collaborative Projects (LDCP) Cycle 5. More specifically, this document provides details about:

- **The LDCP program:** Program activities, timelines and key dates for Cycle 5 teams
- **LDCP team composition:** Key components of LDCP teams, roles and responsibilities of the lead health unit, co-applicant team members, knowledge users, and advisors
- **LDCP submission package:** An itemized list of a complete submission package, the meaning of signatures on the LDCP submission form, and the review process
- **Terms of funding:** What's involved in executing a transfer payment agreement and who is required to submit the Acknowledgement Form

2. LDCP Program

2.1 Program Goals

The LDCP program is designed to help PHUs work together to conduct applied research and program evaluation on a critical public health issue or program related to the modernized Ontario Public Health Standards (OPHS). The goals of the program are to:

- Foster the development of collaborative partnerships among PHUs and other stakeholders
- Increase the capacity of PHUs to implement applied research and evaluation projects that are scientifically sound and feasible, and produce relevant knowledge for the Ontario public health system
- Strengthen and sustain knowledge transfer among PHUs and between PHUs and other stakeholders

2.2 Program Activities

The LDCP program operates on a cycle, beginning with a facilitated priority setting process to enable PHUs to identify and prioritize ideas for new projects. The Cycle 5 priority setting process began with a topic prioritization survey that was sent to all Medical Officers of Health (MOHs) and Associated Medical Officers of Health (AMOHs), in which they were asked to review a list of potential topics and prioritize them as areas for this LDCP cycle. Based on the results of that survey, the three prioritized topics are:

1. Mental health/suicide prevention (School Health Standard)
2. Substance misuse (Chronic Diseases and Injury Prevention, Wellness Prevention of Injury and Substance Misuse Standard)
3. Strategies to reduce exposure to health hazards and promote healthy natural/built environments (Healthy Environments Standard)

In September 2017, PHUs were invited to complete an online survey to submit potential LDCP project ideas in these three topic areas. Any PHU staff member was able to complete the survey to submit project ideas.

The following project ideas were then prioritized via webinar on November 2, 2017:

- Cannabis (mis)use among youth - within the Chronic Disease Prevention and Well-being Standard (being led by Halliburton Kawartha, Pine Ridge District Health Unit)
- A provincial framework for healthy community design – within the Healthy Environments Standard (being led by Simcoe Muskoka District Health Unit)
- Best practices for collaborating with school boards and the Ministry of Education in relation to mental health – within the School Health Standard (being led by Ottawa Public Health)

Public Health Ontario (PHO) LDCP staff will connect with staff from PHUs identified as leads and co-applicants on the following next steps:

1. **Building collaborative teams and developing project plans:** LDCP Cycle 5 teams are led by PHU staff, and can also include partners from academic institutions, and other stakeholder organizations. Dedicated project staff (e.g. research coordinators, consultants) are encouraged for Cycle 5 projects. Teams create a project plan, including a budget and timelines for their project, and submit to PHO.
2. **Reviewing projects and transferring funds:** PHO facilitates a review of project plans to ensure they meet qualifying criteria, including feasibility, impact, and scientific approach. Project teams normally need to complete revisions to project plans as a result of the review. Transfer Payment Agreements are then developed and funds are transferred to the lead health unit.
3. **Implementing projects:** LDCP teams begin implementing their projects by finalizing a terms of reference, obtaining the necessary ethics approval and collecting and analyzing their data. Throughout this process, teams meet regularly to support partnership development, discuss the progress of project implementation, and address issues as they arise. Teams complete knowledge exchange activities with the aim of facilitating awareness and uptake of their findings to improve public health action and policy. Project teams are strongly encouraged to present the results of their projects at PHO Rounds, a weekly webinar series that presents current research in the field of public health. Timelines and key activities are outlined in Table 1.

TABLE 1: TIMELINES AND KEY ACTIVITIES

| Building collaborative teams and developing project plans | |
|--|--|
| December 2017 | PHO brings project teams together to initiate project planning |
| January 2018 | Project teams attend in-person workshop at PHO to support project plan development |
| January – April 30, 2018 | Project teams draft project plans (including budgets and timelines), with support from PHO’s LDCP staff |
| Reviewing projects and transferring funds | |
| April 30, 2018 | Project teams submit final project plans to PHO |
| April 30 – June 1, 2018 | Review committee assesses project plans to ensure that they meet the qualifying criteria |
| June 1 – June 22, 2018 | Project teams make revisions to project plans in order to meet qualifying criteria (if necessary) |
| July 2018 | Project teams notified of funding via Notification of Funding letter |
| July 2018 | Transfer Payment Agreements developed and funds transferred to the lead health unit |
| Implementing projects and moving knowledge into action | |
| August 2018 onwards | Project teams implement projects and complete knowledge exchange activities with support from PHO’s LDCP staff |

2.3 Supports Provided by Public Health Ontario

Project success depends on each team’s effort and collaboration. In addition to project funding, PHO provides a range of supports to teams throughout the lifecycle of their projects, including:

- Dedicated PHO research facilitators to support project development, implementation, and knowledge exchange (KE) activities
 - Facilitators can help connect teams to the people and resources they need for a successful project
 - Facilitators can provide consultation and feedback to teams throughout their projects
- Resources and tools to support project development and project implementation, including an online library of relevant materials and references
- Infrastructure for virtual collaboration, including teleconference lines, webinar access, and an online collaboration space (the LDCP collaboration site on SharePoint)
- Access to PHO facilities and support for in-person team meetings

- Knowledge exchange support and opportunities, including the PHO LDCP webpage where team's products are posted

3. Project Funding and Criteria

3.1 Project Funding

Each LDCP team is eligible to apply for one of the two funding streams:

- **One year funding (with eligibility for renewal):** Projects in this stream will be eligible for up to \$75,000 in year 1. During the next cycle of the program, teams in this stream will be eligible to apply for an additional \$75,000 each year for two more years. In total, teams entering this stream could receive up to a maximum of \$225,000 over three years. This stream is ideal for projects that require preliminary pilot work (e.g., development and validation of a data collection tool, or a thorough review of the literature) prior to conducting additional project phases.
- **Two year funding (not eligible for renewal):** Up to \$100,000 per project year for a maximum of two years (total of \$200,000). This stream is ideal for projects with a well-defined scope and objectives. Projects in this stream are not eligible for renewal.

3.2 Qualifying Criteria

All Cycle 5 LDCP projects must meet a minimum set of criteria to be considered for funding:

- Projects must build on the idea prioritized during the priority-setting process
- Projects must consist of research and/or program evaluation activities
- Each project must involve multiple PHUs (minimum one lead health unit and two co-applicant health units)
- Projects must be feasible. For example, the project plan must outline a feasible timeline, milestones and deliverables.
- Projects must have a high degree of scientific merit. For example, the project plan must include an answerable research question and appropriate research objectives, and the study design and methodology must be clearly described in the project plan.
- Project results must be transferable and applicable across the Ontario public health system
- Projects must include a knowledge exchange approach that is appropriate to the project's objectives
- Projects must include a role for students

4. Opportunities for Participation

There are a number of ways that PHUs and other interested individuals and organizations can participate in LDCP Cycle 5 (see Table 2). Each Cycle 5 LDCP team must identify a lead health unit and at least two co-applicant health units in order to be eligible for funding. Stakeholder organizations and academics may also participate on a Cycle 5 LDCP project as co-applicants and are considered optional team members, though it is highly recommended that teams engage these important partners to strengthen their projects. The lead health unit, co-applicants, and students make up the core project team. Organizations or individuals who are not part of the core project team but are interested in the project findings and/or who will act in an advisory role for the project may also participate as knowledge users and advisors.

TABLE 2: ROLES AND RESPONSIBILITIES

| | Role | Description | Required? |
|-------------------|--|--|--------------------------|
| Core project team | Lead health unit | <ul style="list-style-type: none"> Leads the day-to-day activities of project implementation Signs Transfer Payment Agreement with PHO Administers and effectively manages project funds Chairs team meetings and teleconferences Maintains study documents including Gantt charts, protocols, and ethics applications Leads the development of group processes to ensure effective functioning of the team Ensures team policies and procedures are followed Submits interim and final activity and financial reports to PHO Commits approximately 1-2 days/week | Yes |
| | Co-applicant health units | <ul style="list-style-type: none"> Participates in day-to-day activities of project implementation Provides a signature on the Acknowledgement Form May lead the implementation of some aspects of project (such as data collection or analysis) May lead a project sub-committee or working group Contributes to team teleconferences and meetings Commits approximately 0.5-1 day/week | Yes (at least 2) |
| | Co-applicant academics and stakeholder organizations | <ul style="list-style-type: none"> Provides methodological and/or content expertise during project plan development and project implementation Engaged in day-to-day activities of project | Optional but recommended |

| | | | |
|--|------------------------------|--|--------------------------|
| | | <ul style="list-style-type: none"> implementation Provides a signature on the Acknowledgement Form | |
| | Students | <ul style="list-style-type: none"> May support the development of the project plan, implementation of the project, and/or KE activities, as appropriate | Yes |
| | Knowledge users and advisors | <ul style="list-style-type: none"> Provides a letter of support for the project plan May act as an advisory group to provide advice or feedback on project plan or project implementation Supports team's KE activities | Optional but recommended |

While detailed descriptions of roles and responsibilities for each participating organization are outlined here, each team has the flexibility to articulate more specifically how their team members will be involved in the project.

Lead Health Unit

The lead health unit shapes the project plan and leads the day-to-day execution of the project with the support of co-applicants. Only Ontario PHUs are eligible to act as the lead health unit. A lead health unit for each Cycle 5 LDCP will be identified during the priority setting process. Each Cycle 5 LDCP team must identify an individual at the lead health unit who will be the lead applicant.

The lead health unit is required to:

- Administer and effectively manage project funds
- Provide effective project management and oversight to the team, including chairing team meetings and teleconferences, maintaining study documents, developing and ensuring adherence to group processes, team policies and procedures
- Ensure the LDCP team follows an ethical code of conduct
- Ensure that all milestones are met in a timely manner and all deliverables are produced as outlined
- Submit interim and final reports (activity and financial) to PHO
- Ensure that all co-applicant organizations have read and abide by the terms and conditions set out in the Transfer Payment Agreement
- Ensure that an authorized official from the lead health unit signs the Cycle 5 LDCP project plan and authorizes a transfer payment agreement with PHO

Co-Applicant Health Units, Academics, and Stakeholder Organizations

Health units, academics, and stakeholder organizations are all eligible to act as co-applicants on a Cycle 5 LDCP project. Co-applicants play a key role in shaping the project plan and implementing the project. At least two co-applicant health units for each Cycle 5 LDCP have been identified during the priority setting process. Each Cycle 5 LDCP team may identify additional co-applicants. Though academics and stakeholder organizations are not required as core project team members, PHO strongly encourages teams to partner with an academic who can enhance the research capacity of the team.

The co-applicants are required to:

- Support the lead health unit to ensure all milestones are met in a timely manner and all deliverables are produced as outlined
- Provide a signature from an authorized official from his/her health unit on the Cycle 5 LDCP project plan
- Submit signed Acknowledgement Forms (see section 6.2)
- Support knowledge exchange and dissemination activities
- May be required to lead the implementation of certain aspects of the project
- Provide feedback on interim activity reports to the lead health unit

In addition to the above, the specific roles and responsibilities of each supporting health unit and co-applicant on a Special Edition LDCP project can be documented formally with the lead health unit, if desired.

Students

Participating on an LDCP provides students with an opportunity to learn more about the field of public health and to gain skills in applied research and/or knowledge exchange. Each LDCP team is required to engage at least one student at some point during the implementation of their project. The student may be supervised by any member of the core project team.

Examples of the kinds of activities students may take on in support of the LDCP team include:

- Supporting the literature review search strategy implementation including developing inclusion/exclusion criteria, retrieving articles, and synthesizing literature
- Participating in data collection (such as conducting interviews of focus groups) or data analysis
- Developing knowledge products to support the team's knowledge exchange activities

Knowledge Users and Advisors

Organizations or individuals who are interested in the project, but are unable to participate on the core project team, may act as knowledge users or advisors. Knowledge users and advisors are not expected to participate in the day-to-day execution of the project to the extent that co-applicants do. The knowledge user or advisor will:

- May be requested to act on an advisory committee, provide feedback on data collection tools, reports and other project outputs, and attend meetings periodically
- Support the implementation of the knowledge exchange strategy
- Provide a Letter of Support as part of the team's project plan submission, outlining their organization's support for the project and describing how the results of the project will be applicable and transferable to their health unit or organization. Knowledge users are not required to sign the LDCP submission form or an acknowledgement form

5. LDCP Project Plans

5.1 Project Plan Submission

Submissions are by invitation only for Cycle 5 teams. The primary component of the submission package will be a completed project plan.

The lead health unit is required to send a complete submission package by email to LDCP@oahpp.ca by 4:00 pm EST on Monday, April 30, 2018.

The submission package must include:

1. A completed LDCP project plan, using the template provided by PHO (see Appendix A) as a Microsoft Word document (signature pages may be attached as scanned PDF files). The template is available on the LDCP collaboration site (for LDCP team members), or by emailing LDCP@oahpp.ca
2. The project budget, using the excel template provided by PHO, available on the LDCP collaboration site (for LDCP team members), or by emailing LDCP@oahpp.ca
3. A Letter of Support from each knowledge user/advisor listed in the project plan. An example/template Letter of Support is available on the LDCP collaboration site (for LDCP team members), or by emailing LDCP@oahpp.ca
4. Other appendices (such as draft data collection tools and interview guides, references, etc.), if applicable, in a single PDF file

All applications must be submitted using the templates provided by PHO. Files should be submitted in formats as specified above. Lead health units will receive confirmation of receipt within two business days.

5.2 Meaning of Signatures on LDCP Project Plan

Lead Health Unit – Authorized Representative

An authorized representative of the lead health unit is required to sign the Cycle 5 LDCP project plan before it is submitted to PHO. The authorized representative should be the same individual who has the authority to legally bind the health unit and will sign the Transfer Payment Agreement. The signature of an authorized representative confirms that:

- The information in the submission is complete and accurate to the best of their knowledge and reflects the intent of the lead applicant on behalf of his/her lead health unit
- The lead health unit will assume the responsibility for the legal and ethical conduct of the project, for the integrity of the project activities and recognize the contributions of other persons working on the project
- The lead health unit will assume the administrative responsibilities including appropriate financial monitoring and reporting
- When the project is approved they will agree to enter into a Transfer Payment Agreement with Public Health Ontario

- The team is able to meet the reporting requirements as defined in these guidelines (see Section 6.5 Credit, Ownership, and Use of Materials)

Co-Applicant – Authorized Representative

The signature of an authorized representative from each co-applicant organization is also required. These co-applicant organizations warrant that the information provided in the application is accurate and consistent with his or her institution's policies to the best of his or her knowledge and they agree to the role of their personnel as specified in Section 4 of these participation guidelines. The authorized representative must be someone with the authority to legally bind the organization or institution. Note that academic co-applicants are not authorized to sign for themselves; the appropriate Chair, Dean or other institutional representative is required to provide a signature.

5.3 Ethical Requirements

By signing and submitting the Cycle 5 LDCP project plan, the lead health unit agrees to assume the overall responsibility for ensuring that the project meets ethical standards and requirements. This means that Cycle 5 LDCP teams whose projects involve human participants or their information are required to comply with the [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans \(TCPS 2\) standards of ethical acceptability and obtain ethics approval from a TCPS2 compliant ethics board. To learn more about what is included in the TCPS2, team leads should complete the online tutorial TCPS 2: CORE \(Course on Research Ethics\).](#)

All teams will be required to provide PHO with a copy of their ethics approval as a deliverable in their TPA. Teams who do not have access to a TCPS2 compliant ethics board can submit an application to PHO's Ethics Review Board, after completing a board of record agreement between the lead health unit and PHO. In addition, each co-applicant organization involved in the project is also accountable for the ethical conduct of the project. This means that co-applicants need to confirm with their health unit, academic institution, or organization that the project is compliant with the ethics requirements of their own organization.

5.4 Information Sharing

By submitting the project plan and associated documentation, the lead health unit and co-applicants acknowledge that the submission will be shared with qualified reviewers at PHO. Information about LDCPs (i.e., name of team member(s), title of project, lay summary and amount supported) will be posted on PHO's website and may be used for potential press releases or other publicity forums.

5.5 Review Process

The project plan, budget, and any attachments will be reviewed by a committee to ensure that the proposed projects meet all qualifying criteria for funding, are feasible, and have a high degree of scientific merit.

The review committee will include LDCP program staff as well as other PHO staff and external academic reviewers with appropriate expertise in applied research or program evaluation and content expertise in the project's subject area. Reviewer comments will be provided in three sections: (1) meets criteria, (2) minor revisions suggested, and (3) major revisions required. Teams will be expected to respond to

comments and address the recommendations by sending in a final version of their project plan with revisions completed and changes tracked. All items identified in the form as required revisions must be addressed and those revisions deemed acceptable by PHO before funding will be provided. PHO strongly recommends that each team also incorporate the reviewers' suggested revisions.

Qualifying Review Criteria

Reviewers will assess the scientific merit, feasibility and potential impact, of Cycle 5 LDCP project plans.

SCIENTIFIC MERIT

Scientific merit will be assessed to ensure consistency and appropriateness of the study question, design and methodological approach, as well as the overall soundness and rigor of the proposed study design.

FEASIBILITY

Reviewers will assess the degree to which the study proposed is achievable based on the project timelines, available resources, and expertise of the LDCP project team, and validate that all LDCP qualifying criteria are met.

POTENTIAL IMPACT

Reviewers will assess the relevance of the study to public health, as well as the extent to which the study is appropriately designed to produce findings that are applicable and transferable to public health settings and populations in Ontario.

6. Funding Administration and Terms of Award

6.1 Transfer Payment Agreements

The Transfer Payment Agreement is the primary accountability vehicle for flowing money to Cycle 5 LDCP teams. All Cycle 5 LDCP project activities are subject to the terms and conditions contained in the PHO Transfer Payment Agreement. A template of this agreement is available on the LDCP collaboration site (for LDCP team members), or by emailing LDCP@oahpp.ca. Lead health units are signatories to this agreement with PHO. The agreement outlines the terms and conditions for disbursement of funds. It stipulates the reporting timeframes, preconditions of continued funding and general issues. Funds will not be transferred until the agreement has been fully executed and co-applicant organizations have signed Acknowledgement Forms.

6.2 Acknowledgement Forms

The Acknowledgement Form is the formal mechanism for co-applicant organizations to acknowledge that they have received a copy of, and read, the Transfer Payment Agreement between PHO and the lead health unit. It also confirms that the co-applicant organization will support the lead health unit to implement the project. A template of the Acknowledgement Form is available in Appendix B, and on the LDCP collaboration site (for LDCP team members), or by emailing LDCP@oahpp.ca.

6.3 Eligible Expenses

Funds must be applied towards the direct costs of the project for which they are awarded. Table 3 outlines eligible expenditures for funding received through the LDCP Cycle 5. The examples provided are not exhaustive; rather, they are meant to provide an illustration of acceptable expenditures. PHO reserves the right to modify and/or add non-eligible items at any time through the tenure of the award.

TABLE 3: ELIGIBLE EXPENSES

| Description | Eligible Project Expenses | Non-eligible Project Expenses |
|-------------|--|--|
| Personnel | <ul style="list-style-type: none"> • Compensation-related expenses that include salaries and related non-discretionary benefits • Release time for health unit staff | <ul style="list-style-type: none"> • Discretionary severance and separation package • Costs related to staff awards and recognition • Release time for academic partners and staff from community organizations |
| Students | <ul style="list-style-type: none"> • Compensation-related expenses for students including: salaries, stipends and related non-discretionary benefits | <ul style="list-style-type: none"> • Costs related to thesis examination and defence Costs related to thesis examination and defence |

| | | |
|--------------------------|--|---|
| Materials and Supplies | <ul style="list-style-type: none"> • Office supplies, printing and photocopying • Data analysis software, such as NVivo, SPSS, or SAS • Computers, printers, and USB keys | <ul style="list-style-type: none"> • Standard monthly connection, rental for telephones, internet, or long distance fees • Cell phones and smartphone devices • Extended warranty for equipment • Cost of construction, renovation or rental of laboratories or supporting facilities |
| Services | <ul style="list-style-type: none"> • Transcription fees • Costs associated with professional report layout, design, and production • Independent consultant services • Travel (lowest fare available) and accommodation related to workshop/seminar costs, and other KE activities | |
| Travel | <ul style="list-style-type: none"> • Cost of networking activities, including collaboration, planning and exchange activities directly related to the team's project, and extra travel funds required for members and trainees separated by significant distance | <ul style="list-style-type: none"> • Costs related to commuting between residence and place of employment |
| Knowledge Exchange Costs | <ul style="list-style-type: none"> • Conference fees • Print or online material • Manuscript submission fees • Translation fees • Knowledge user engagement strategy • Educational sessions or forums | <ul style="list-style-type: none"> • Cost of entertainment, hospitality and gifts |
| Other Items | <ul style="list-style-type: none"> • Fees paid to study participants • Up to \$5,000 for retroactive expenses for project plan development (e.g. academic article retrieval) | <ul style="list-style-type: none"> • Overhead, or other administrative charges or fees • Patenting expenses • Alcohol |

6.4 Reporting

Project teams will submit interim and final activity and financial reports. Financial reports provide PHO with an update on the financial progress of the project by comparing actual expenditures/revenues against the approved budget. Activity reports provide an update on the achievements the team has made in relation to the project objectives, timeline, milestones and deliverables set out in the Transfer Payment Agreement. Typically, financial reports are submitted quarterly while activity reports are submitted bi-annually. The timeline for submitting reports and other deliverables is outlined in the Transfer Payment Agreement for each Cycle 5 LDCP project.

6.5 Credit, Ownership and Use of Materials

Unless otherwise directed by PHO, Cycle 5 LDCP teams are required to acknowledge the support of PHO in any publication of any kind, written or oral, related to their LDCP. They must also acknowledge that the views expressed in the publication are the views of the project team and do not necessarily reflect those of PHO. More information about acknowledging PHO is available in a tip sheet, [How to appropriately acknowledge and represent PHO on LDCP products](#), available on the LDCP external collaboration site, or by emailing LDCP@oahpp.ca.

All material of any kind relating to the project and produced by the project team and all copyright and other intellectual property rights in that material shall belong to the core project team (i.e. lead health unit and co-applicants).

The project team will be required to grant PHO a non-exclusive, royalty-free license to use, reproduce and modify, for PHO purposes, any material relating to the project and produced by the project team, including distributing it, as PHO, in its sole discretion, considers appropriate, provided PHO appropriately acknowledges the core project team.

Appendix A: Project Plan

Below is an overview of the key sections in the LDCP project plan:

- **Project team information and funding request:** A list of all core project team members along with their contact information, in addition to the amount of requested funds.
- **Summary for LDCP website:** Provide a summary of the proposed project that would be suitable for sharing with a lay audience.
- **Introduction:** The background and summary provides the context for the proposal. It clearly articulates the public health problem or gap the project seeks to address and describes the significance of the project. This section includes a brief overview of the literature and culminates in the articulation of a research question and set of objectives.
- **Methodology and analysis plan:** An overview of the study design, population and sample, what data the team will collect, and how the team will go about collecting and analyzing it. This detailed description also includes a consideration of the ethical dimensions of the project and any potential risks to the privacy of participants and study limitations.
- **Knowledge exchange plan:** A description of the project's knowledge users and how the team plans to engage these stakeholders throughout the lifecycle of the project. This section also includes a short section on how the team will ensure that the findings are applicable and transferable across the public health system.
- **Timeline and milestones:** A timeline that identifies key milestones and deliverables.
- **Core project team roles:** Details about each core team member's role on the project and information on the expertise and experience of each core team member, as it relates to this project.
- **Budget:** An excel spreadsheet detailing all expenses associated with project implementation and knowledge exchange.

Appendix B: Template Acknowledgement Form

We refer to the Transfer Payment Agreement (the “TP Agreement”) dated as of **[Insert date]** between OAHPP and **[Insert Legal Name of the “Recipient”]**. Unless otherwise indicated, defined terms used herein have the meanings set out in the TP Agreement.

1. The Co-applicant Health Unit or Co-applicant Organization **[Insert name of organization]** hereby acknowledges that we have received a copy of the TP Agreement between OAHPP and the Recipient, read and understand the TP Agreement, and the terms and conditions therein.
2. We agree to carry out the Project in a manner consistent with our responsibilities as set out in the Project Description, and will do everything in our power to assist the Recipient in complying with the Recipient’s obligations under the Agreement.
3. In the event of any disagreement or dispute with the Recipient pertaining to the Project or the TP Agreement, we agree to negotiate in good faith with you, the Recipient, to determine whether we can agree on a fair and reasonable resolution which will enable the Project to be completed substantially in accordance with the Project Description and the terms of the TP Agreement.

[Insert Name of Supporting Health Unit or Supporting Organization]

Name: _____ Date _____
Position: _____

Name: _____ Date _____
Position: _____

I/We have authority to bind the Supporting Organization.

Public Health Ontario

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