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SAMPLE

**Host Institution Full** 10/16/2025 04:30 PM  
**Application Deadline:**

## Primary Applicant Contact Information

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**Prefix:** Mx.

**First Name:** Philippe

**Last Name:** Tester

## Host Institution

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**Reminder:** your application will be grouped into a regional funding pool determined by the location of your Host Institution.

### Host Institution

The Host Institution is the institution that approves your online application package and financially administers your award funds.

To select your Host Institution, begin typing the institution name in the box below, then select the correct institution when it appears as an option. To view a complete list of eligible Host Institutions, [click here](#).

HEALTH RESEARCH BC-DO NOT USE

### Department

Please enter the name of the department where your appointment or role will be located for the duration of the award.

Department of Chemistry

### Position

Please enter the position you will hold for the duration of the award.

Professor

### Select the role that applies to you

I am applying as a Researcher and am eligible to hold and administer funds.

Select the position that applies to you

- Associate Professor
- Assistant Professor
- Adjunct Professor
- Post-doctoral Fellow
- Clinical Research Fellow
- Professor
- Research Associate
- Other (please specify your position)

### Research User Co-Lead Contact Information

#### Research User Co-Lead Contact Information

The primary applicant is a Researcher. Please enter the contact information of the **Research User co-lead**. For example: health professionals who do not hold academic research positions, health system operational leaders, health system administrators, People with Lived Experience (PWLE), community members, policymakers, research users associated with Indigenous communities and organizations, research users from not-for-profit, private or public sector organizations.

This person cannot be another researcher with a faculty position, postdoctoral fellow or equivalent.

Complete the **Research User Co-Lead** information below:

**Research User Co-Lead Name**

**Name:**

**Research User Co-Lead** email@test.com

**Email:**

**Primary Affiliation** Primary Affiliation  
**relevant for this project:**

**Research User Co-Lead  
Department (if  
applicable):**

**Research User Co-Lead Position  
Position/Role:**

## Proposed Activity/Event Information

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### Title

Enter the title of your proposed activity/event.

Character limit: 200 characters

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## Health Research BC's Four Priority Themes

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Applications must align with at least one priority theme as well as the purpose and objectives of the Engage Award. [Health Research BC's four priority themes](#) are:

### Population aging

- Understanding the causes of, preventing, treating, and palliating conditions associated with aging and older adults;
- Identifying and understanding the social determinants and support systems that promote healthy aging and quality of life of older adults in BC.

### Climate change and health

- Understanding, mitigating or preventing:
  - the effects of climate change on the health of British Columbians;
  - the impacts of climate change on BC's health system;
  - the impacts of BC's health system on climate change and the environment

### The human resources challenges:

- Understanding, mitigating or addressing the health human resources challenges in BC's health system.

### Public health emergencies

- BC's ability to effectively prevent, prepare for, mitigate, respond to, and recover from public health emergencies;
- Health, social, economic, and environmental interventions that increase the resilience of people and communities in BC during public health emergencies.

## Choose one priority theme that aligns most closely with your application.

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- Population aging
- Climate change and health
- Health human resources challenges
- Public health emergencies

Please describe how the focus of the event or activity relates to your selected Health Research BC priority theme.

Character limit: 1000 characters

### Responsible conduct of Indigenous health research

I have reviewed and ensured that my event/activity complies with the ethical and research policies outlined in [Chapter 9: Research Involving the First Nations, Inuit and Métis Peoples of Canada](#) of the [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans](#) (2022).

Yes

### EDI Considerations

I confirm that I have included [EDI considerations](#) as appropriate to the participants and the context of the work.

Yes

### Health Authority Region

Choose the region where the majority of the event/activities will take place

- Fraser Health
- Interior Health
- Island Health
- Northern Health
- Vancouver Coastal Health

## Event/Activity Plan

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Please describe the event/activities. Your description should include the following:

- The gap, opportunity or challenge you trying to address with this event/activity
- Format, venue and duration of the event/activities (e.g. a one day in person meeting, a series of virtual meetings, etc.)
- Description of the event/activity participants (e.g., PWLE, community members, youth, elders, policy makers, health care workers, etc)
- The anticipated outcomes of this event/activity (i.e. implementing research knowledge, identifying research priorities, understanding an issue or knowledge gap, etc).

Character limit: 2500 characters

## Event/Activity Budget

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## Salaries

Description	Amount	Justification
Salary for speaker	\$1,001.00	Justification 1
<b>Total:</b>	<b>\$1,001.00</b>	

## Supplies and Services

Description	Amount	Justification
Supply 1	\$500.00	Justification 2
Service 1	\$100.00	Justification 7
<b>Total:</b>	<b>\$600.00</b>	

## Meeting Costs/Venue

Description	Amount	Justification
Venue Rental	\$2,000.00	Justification 3
<b>Total:</b>	<b>\$2,000.00</b>	

## Travel/Parking

Description	Amount	Justification
Travel	\$300.00	Justification 4
Parking Fees - In-kind support	\$0.00	Justification 5
<b>Total:</b>	<b>\$300.00</b>	

## Honoraria/Gifting

Description	Amount	Justification
Honoraria	\$1,000.00	Justification 6
<b>Total:</b>	<b>\$1,000.00</b>	

## Totals

**\$4901.00**

## Department Head or Equivalent approval

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### Department Head or Equivalent

Name of department head, supervisor, manager, research director, etc., who will oversee the flow of research funds to you. Please confirm the name of this person with your host institution research office if necessary.

Character limit: 100 characters

- I confirm that I hold a position at my host institution allows me to apply for and be responsible for the management of the award funds, and that the department head or equivalent listed above is aware of this application.

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