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This is a sample 2027 Mobilize Award application where the Primary Applicant is a RESEARCH USER

Michael Smith Health Research BC

Applicant: Health Research BC Tester
Application ID: MA-2027-xxxx
Form: Full Application
Competition: 2027 Mobilize Award

Host Institution Full Application Deadline: 11/06/2026 04:30 PM

Team Positioning and Function

Prefix

First Name

Health Research BC

Last Name

Tester

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.

Position

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

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Primary Applicant Role

***Select the role that applies to you**

You should apply as a researcher if you are a postdoctoral fellow (or equivalent), an early career researcher, or a mid-career researcher at an eligible institution.

You should apply as a research user if you are health system staff based at an eligible institution. Examples include health professionals, operational leaders, analysts, or administrators.

Refer to the Mobilize Award guidelines for more information.

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

***Research User Position**

I am applying as a Research User and am eligible to hold and administer research funds. My position is:

- ○ Health professional
- ○ Operational leader (e.g., manager, director, administrator, team lead, etc)
- ○ Health system administrator
- ○ KT/KM specialist
- ○ Other (please specify your role)

***Briefly describe your connection to the proposed knowledge mobilization (KM) activities and what makes you well-suited to co-lead this work.**

You may describe relevant education, training, or community experience, specialized or cultural knowledge, professional or volunteer roles or experience. If you are comfortable doing so, you may use this section to describe any relevant lived/living experience.

If the proposed KM activity is Indigenous-led, community-based, or community-led, describe the relationships, responsibilities, and connections that ground your involvement with the relevant Indigenous Nation, community, organization, territory, or cultural context. Where relevant, you may also describe how you are accountable to and/or work in relationship with the community and the knowledge being shared.

(1,250 characters)

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Researcher Co-Lead Information

The Primary Applicant is a Research User who is eligible to hold research funds. Please enter the contact information of the Researcher Co-Lead. This person must be one of the following:

- Faculty researchers at any career stage (e.g., Assistant Professor, Adjunct Professor)
- Postdoctoral fellows, clinical research fellows, research associates (or equivalent)
- Researchers associated with Indigenous communities and organizations (ICO)
- Elders, Knowledge Keepers

Complete the **Researcher Co-lead** information below:

***Researcher Co-Lead Name:**

***Researcher Co-Lead Email:**

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

Researcher Co-lead Department (if applicable):

***Researcher Co-lead Position/Role**

***Briefly describe the Co-lead's connection to the proposed KM activities and what makes them well-suited to co-lead this work.**

The Co-lead should review and approve the information in this section before the application is submitted. You may describe relevant education, training, or community experience, specialized or cultural knowledge, professional or volunteer roles or experience, and/or lived/living experience.

If the proposed KM activity is Indigenous-led, community-based, or community-led, describe the relationships, responsibilities, and connections that ground the Co-lead's involvement with the relevant Indigenous Nation, community, organization, territory, or cultural context. Where relevant, you may also describe how the Co-lead is accountable to and/or work in relationship with the community and the knowledge being shared.

(1,250 characters)

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Trainee Information

Please enter the name, if known, and position of the **Trainee**. Trainees are expected to contribute to the planning and delivery of KM activities at a level appropriate to their career stage. Note that trainee information can be added or revised if your application is successful.

Trainees may be undergraduate or graduate students, postdoctoral or clinical research fellows, or equivalent, engaged in a formal training or education program. Trainees may also be individuals employed in the health system who wish to develop their KM skills.

Note: If the Primary Applicant or Co-lead is a postdoctoral fellow, clinical research fellow, or research associate, they may also serve as the Trainee on the application. In that case, you would enter their name here.

Trainee Name

If known, enter the Trainee's name (note that this is optional at the time of application).

*Trainee Position

List the position of the Trainee (e.g., doctoral student, health system project manager).

*Select the three most important KM skills that the Trainee will gain by participating on the team:

Team Information

Note: If the proposed KM activities involve or are undertaken in relationship with an Indigenous Nation, community, organization, or cultural community, please ensure that your response to the questions below describe the relationships, cultural protocols, governance, and forms of knowledge and community leadership that will guide the work. Where relevant, this may include relationships with Elders, Knowledge Keepers, language speakers, community leaders, youth, families, or others identified by the community as appropriate to the work. Please describe the nature of these relationships, how they inform the proposed KM activities, and how responsibilities for knowledge sharing and decision-making will be held.

If relationships with appropriate community or cultural knowledge holders have not yet been established, please describe how you will respectfully seek guidance about the appropriate protocols, relationships, and processes for engaging with the community. **Applicants should not assume there is a single cultural leader or a universal approach to cultural knowledge or community engagement.**

***How will the Primary Applicant and the Co-lead work together to plan, guide, and carry out the KM activities?**

> What decisions will you make together, how will you communicate, and how will you incorporate input from other team members, community partners, and/or knowledge holders? Where relevant, please describe how relationships, Indigenous protocols, and shared responsibilities will inform how you work together.

1,875 characters

***If you have team members besides the Primary Applicant, Co-lead, and Trainee, please list them and briefly describe their roles in advising, guiding, or supporting the KM activities. If you do not have any additional team members who are advising/helping with implementation, then please indicate "not applicable." Please do not include identifying information of partners with lived experience.**

> If you are working in partnership with Indigenous peoples, please describe how Indigenous data sovereignty and knowledge governance will guide the KM activities, including the use of OCAP© or other frameworks, protocols, or governance approaches identified as appropriate by the community.

1,250 characters

Proposed KM Activity Information

Knowledge Mobilization Activity

***Title**

> Enter the title of your proposed KM activity.

2027 Mobilize Award Sample Application – Research User as Primary Applicant

***Keyword One:** *Select from dropdown*

Keyword Two:

Keyword Three:

Keyword Four:

Keyword Five:

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***Health Authority Region**

Choose the region where the majority of the KM activities will take place.

Note: Health Research BC staff will review the selected Health Authority Region, which determines the funding pool for the lottery process, as part of the administrative review process. If clarification is required, or if staff determine that another funding pool may be more appropriate, the Primary Applicant will be contacted before any changes are made.

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

***Is your application related to a successful Engage Award application?**

- ◉ Yes
- ○ No

***If yes, name of recipient of Engage Award:**

***Does your research project have a central focus on Indigenous health?**

Projects with a central focus on Indigenous health must involve Indigenous Peoples and/or communities; they may also involve the lands and waters of those Indigenous Peoples and communities. The work may be grounded in Indigenous science, and/or use Indigenous research methods. Indigenous Peoples includes First Nations communities, whether recognized as Treaty, Status, or Non-Status; Métis and Inuit Peoples, and members of Métis organizations. This includes Indigenous people living on reserve and those living in urban and rural communities.

If you answer "Yes" to this question, your application will be reviewed by the Indigenous Cultural Safety review panel as detailed in the Mobilize Award guidelines.

Applicants should review the Administrative Review Criteria document available on the Health Research BC web site to ensure all points are addressed in the application.

- ○ Yes
- ○ No

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***Does your KM activity use community-based or community-led approaches or is it being undertaken in partnership with Indigenous peoples, Nations, communities, or organizations?**

> Community-based and community-led approaches involve working in relationship with communities to identify and prioritize issues and to design and carry out activities that are responsive to community priorities, knowledge, and strengths. Examples include, but are not limited to, community-based participatory research, Indigenous-led health and wellness work, policy development, community resource development, and gatherings or conversations that support community-identified priorities.

- ○ Yes
- ○ No

***Either the Primary Applicant or Co-lead must have training in community-based/community-led approaches, or they must have a mentor who will support them with these approaches. Please check all that apply to your project team:** (NOTE: Only required for those applicants who have answered YES above to "Does your KM activity use community-based or community-led approaches or is it being undertaken in partnership with Indigenous peoples, Nations, communities, or organizations?")

- ☐ The Primary Applicant has formal training in community-based and/or community-led approaches
- ☐ The Co-lead has formal training in community-based and/or community-led approaches
- ☐ Neither the Primary Applicant nor the Co-lead have training, but we have a relationship with a mentor or Elder from the community who will advise us. (If you select this option, please ensure that you have described the mentor in the Team section of the application form. Applicants working in partnership with Indigenous people must be working with an Elder from that community.)

***Please describe the health-related gap, challenge, or opportunity you are addressing through this KM activity.**

> How was the focus for this work identified and by whom? Why is this work important for the health and wellbeing of people and/or communities in BC? If your work involves Indigenous peoples, equity-deserving groups, or other communities, please describe how their priorities, knowledge, and strengths will inform this work.

(1,650 characters)

***Select all intended near-term and long-term impacts from the list below (check all that apply):**

- ☐ build new relationships
- ☐ strengthen existing relationships
- ☐ identify and advance community-identified research priorities
- ☐ co-design or develop a research project
- ☐ develop a funding application for a research project
- ☐ improve understanding of or interpret research findings
- ☐ use research to advance policy or practice shifts
- ☐ influence narratives to support change in policy, practice or community
- ☐ communicate findings from existing research for application into policy, practice or future research
- ☐ advance commercialization of a product related to research
- ☐ obtain community feedback and guidance on research
- ☐ build and maintain reciprocal relationships with community
- ☐ develop research protocols, agreements, and/or community-approved practices
- ☐ support Indigenous languages, oral traditions, and culturally safe communication (e.g. interpretation, translation, community circles, digital storytelling, podcasts)
- ☐ support Indigenous language and/or build capacity for culturally safe communication (e.g. interpretation, translation)
- ☐ protect and respect Indigenous knowledge systems
- ☐ Other (please specify, add up to three)

***Please describe the KM activity, including the following details:**

- format/structure, venue/platform and timing (e.g. date of the event)
- description of the KM activity participants (e.g., partner with lived experience, community members, youth, elders, knowledge keepers, policy makers, health care workers)
- timeline for implementing the activities with specific milestones (if your KM activity uses community-based or community-led approaches or is it being undertaken in partnership with Indigenous peoples, Nations, communities, or organizations: a description of how you will assess that progress is being made may be substituted for milestones)

(2,500 characters)

***What steps have you taken or will you take to support shared leadership, reciprocity, and accountability with the community in your KM activities (check all that apply):** (NOTE: Only required for those applicants who have answered YES above to "Does your KM activity use community-based or community-led approaches or is it being undertaken in partnership with Indigenous peoples, Nations, communities, or organizations?")

- [ ] centre community-defined priorities in the KM activities
- [ ] work with and honour Elders and/or Knowledge Keepers and follow the community's cultural protocols
- [ ] develop a common understanding of how decisions related to the KM activities will be made with community
- [ ] create an agreement on how data or information will be managed with community (e.g. community agreement or memorandum of understanding (MOU))
- [ ] co-design outputs with community (i.e. ensure information arising from the KM activities is shared in formats that suit the community)
- [ ] seek feedback from community at the end of the KM activities to support improvement for future work
- [ ] commit to co-developing a shared vision for actions arising from the KM activities
- [ ] Other (please specify, add up to three)

Ethics, EDI, and Cultural Safety

***Responsible conduct of Indigenous health research**

> I confirm that governance and management of data and knowledge arising from work will follow applicable community, Nation, organizational, and/or ethical guidelines, as appropriate, including OCAP©, the Principles of Ethical Métis Research including OCAS, the National Inuit Strategy on Research and/or any research agreements or community approvals, or other governance processes in place or under development.

- [x] Yes

***I have reviewed and will ensure that my KM 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).**

> These documents can be reviewed at the links below:
>
> - Chapter 9: Research Involving the First Nations, Inuit and Métis Peoples of Canada
> - Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (2022).

- [x] Yes

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*EDI Considerations

> I confirm that I have included EDI considerations as appropriate to the participants and the context of the work.

- [x] Yes

***What steps have you taken/will you take to support equity, diversity, and inclusion and accessibility of the KM activities (check all that apply):** (NOTE: Only required for those applicants who have answered YES above to "Does your KM activity use community-based or community-led approaches or is it being undertaken in partnership with Indigenous peoples, Nations, communities, or organizations?")

- [ ] seek input from community members on how to support accessibility and inclusion
- [ ] work with interpreters or other communication professionals (e.g. graphic facilitator)
- [ ] communicate in the language of the community (e.g. Indigenous language, sign language)
- [ ] use plain language in communications
- [ ] provide mobility aids for event
- [ ] provide flexible meeting formats and/or times
- [ ] co-design the KM activities with community members
- [ ] work with a member of the community to facilitate events/meetings and support cultural safety
- [ ] work with a member of the community to facilitate connections and collaboration and build relationships
- [ ] centre diverse perspectives within the dialogue (e.g. including youth, people from equity-deserving groups)
- [ ] include traditional activities that are important to the community (e.g. oral traditions such as storytelling, land-based activities, cultural activities such as beading, cedar weaving, etc.)
- [ ] follow the cultural protocols appropriate for the lands that you are on (e.g. including ceremony, honouring Elders)
- [ ] Other (please specify, add up to three)

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*KM Activity Budget

Salaries

Description	Amount	Justification	Outside funding and/or in-kind contributions.
Test	$10,000.00	Test	
Total:	**$10,000.00**		

Supplies and Services

Description	Amount	Justification	Outside funding and/or in-kind contributions.
Test	$8,000.00	Test	
Total:	**$8,000.00**		

Meeting Costs/Venue

Description	Amount	Justification	Outside funding and/or in-kind contributions.
Test	$0.00	Test	Organization to provide meeting space (est. in-kind value is $2,000)
Total:	**$1,000.00**		

Travel/Parking

Description	Amount	Justification	Outside funding and/or in-kind contributions.
Test	$2,000.00	Test	
Total:	**$2,000.00**		

Honoraria/Gifting

Description	Amount	Justification	Outside funding and/or in-kind contributions.
Total:	**$0.00**		

Total: $20,000

*Department Head or Equivalent Approval

> 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.

Dr. Taylor Tester

☑ 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.