# Facility Engagement Site Contingency Fund Application

**Purpose**

To provide support to Medical Staff Associations (MSAs) that demonstrate financial need over and above their annual allocation in a fiscal year.

**Criteria**

* MSA has a demonstrable need for additional funding over and above the annual allocation that is appropriate for FE to support[[1]](#footnote-1). Examples include:
  + Time-sensitive, unplanned activities (e.g., patient safety or quality of care issues, physician recruitment/retention, facility re-design or development, health emergency planning, pandemic response planning).
  + Activities that were deferred for valid reasons such as Covid-19, health emergencies, and unanticipated delays or barriers outside of the MSA’s control.
  + Activities that strengthen MSA leadership and internal engagement or engagement between MSA and HAs.
* MSA has worked with their financial administrator (e.g., bookkeeper, accountant), and Engagement Partner (EP) as required, to review and assess their current budgets and expenses before applying for contingency funds, and has applied financial management best practices to demonstrate a need for contingency funds.
* Application is for activities that have a high probability of being completed within a fiscal year.
* MSA’s strategic plan and engagement activities are in alignment with the [Memorandum of Understanding: Regional and Local Engagement](http://www.facilityengagement.ca/sites/default/files/PMA%202019_Memorandum%20of%20Understanding%20Regional%20and%20Local%20Engagement%20%28ID%20277911%29.pdf) and the [FE Funding Guidelines](http://www.facilityengagement.ca/sites/default/files/SSC%20Facility%20Engagement%20Funding%20Guidelines_0.pdf).

**Application Process**

1. MSA works with their Engagement Partner to understand the criteria and process for accessing the FE Site Contingency Fund.
2. MSA has worked with their financial administrator (e.g., bookkeeper, accountant), and Engagement Partner as required**,** to review and assess current budgets and expenses to determine the need for contingency funds.
3. MSA submits an application up until January 30 of a fiscal year to [engagement@doctorsofbc.ca](mailto:engagement@doctorsofbc.ca). Your Engagement Partner can provide the quarterly submission deadlines.
4. If the application is approved, the MSA receives additional annual funding allocation that is gated until the end of the fiscal year, and reports back to the SSC on the progress of their activities through the annual site review process.

**<MSA/PHYSICIAN SOCIETY NAME>**

**Applications should align with MSA/Society strategic priorities and work plan, the Facility Engagement MOU[[2]](#footnote-2) Objectives,** [**FE Funding Guidelines**](http://www.facilityengagement.ca/sites/default/files/SSC%20Facility%20Engagement%20Funding%20Guidelines_0.pdf)**, and health authority strategic priorities (where applicable).**

|  |  |
| --- | --- |
| **SITE BACKGROUND** | |
| **Site Leads (e.g., physician, health authority)** |  |
| **Contact Email Address(es)** |  |
| **Rationale for Funding Request**  *Briefly summarize the problem/issue that the funding will address, and why the funding request needs to be addressed in the current fiscal year.* |  |
| **Overview of Steps Taken Before Submitting Application**  *(E.g., MSA’s prior actions to review current budgets and expenses to determine their need for contingency funds)* |  |
| **Current Financial Overview**  *Contact your financial administrator to include the MSA’s previous fiscal year-end financial statements and the most recent financial statements (e.g., balance sheet, profit and loss statement).*  *Please include a copy of the MSA’s current work plan including allocated budgets.* |  |

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| **ACTIVITY SUMMARY** | | | |
| **Activity Title / Description** | **Objective** | **Completion Timeframe** | **Performance Measures (e.g. Indicators)** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| **What other funding sources are you applying to for this or related work?**  *Please attach all relevant applications.* | * Physician Quality Improvement * Health System Redesign * Research grant * Health authority contribution (resources, staff time, etc.) * Other, please specify: | **Dollar Amount:** | **Approved**  **(Y/N):** |
|  | | | |
| **This activity aligns with the following strategic priorities**  *Check all that apply.* | | * MSA priority, please specify: * Facility / health authority priority, please specify: | |
| **Are there risks to the MSA if this funding request is not approved?**  *Please explain.* | |  | |
| **What steps will the MSA take to ensure that the funding request is not repeated for next year?**  *Please explain.* | |  | |

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| **STAKEHOLDER ENGAGEMENT** | |
| *Any proposed activities involving patient care, work flow, environment, data analytics, allied health, resources for sustainability would benefit from early consultation with stakeholders.* | |
| **Stakeholders involved**  *Check all that apply.* | * Physicians * Departments/Divisions * Allied care providers * Partner organizations * Health authority administration * Other, please specify: |

|  |  |  |  |
| --- | --- | --- | --- |
| **ACTIVITY BUDGET** | | | |
| *Please provide a budget for the activity to the end of the fiscal year (i.e., March 31).* | | | |
| **Expenses** | **Activity 1** | **Activity 2** | **Total Amount** |
| **Expenses** | | | |
| Sessionals |  |  |  |
| Meals |  |  |  |
| Venue |  |  |  |
| **Project Support** | | | |
| Project Management (Rate x hours) |  |  |  |
| Administrative Support  (Rate x hours) |  |  |  |
| Monitoring and Evaluation (e.g. hiring a consultant to evaluate the success of the engagement activity) |  |  |  |
| Other Costs (e.g. travel, consultants) |  |  |  |
| **Total requested** |  |  |  |

In submitting this proposal, I acknowledge that, if the request is approved:

* The additional funding will be added to the MSA’s approved annual allocation. Funding will be released in accordance with Facility Engagement’s gated funding policy until the end of the fiscal year.
* The MSA will report back to the SSC on the progress of these activities through the annual FE site review process.

**FE Site Contingency Fund Application Approval**

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MSA/Society Executive Approval Date

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Health Authority Sponsor Date

(where appropriate)

1. Facility issues that are not better addressed through a different [Joint Clinical Committee (JCC) funding stream](https://mfiles.doctorsofbc.ca/SharedLinks.aspx?accesskey=7f67e1e31b7716f616869d91a72ca9627e5384cb71226985924b0e5d9c8a0b7b&VaultGUID=D43316D7-A660-4C25-A7F3-285FB47DAEC5) (e.g., GPSC, Shared Care, Joint Standing Committee on Rural Issues) or other initiative (e.g., Long Term Care Initiative). [↑](#footnote-ref-1)
2. FE expenditures must align with at least one of the following goals of the [2019 Memorandum of Understanding on Regional and Local Engagement:](http://www.facilityengagement.ca/sites/default/files/PMA%202019_Memorandum%20of%20Understanding%20Regional%20and%20Local%20Engagement%20%28ID%20277911%29.pdf)

   To improve communication and relationships among the medical staff so that their views are more effectively represented.

   To prioritize issues that significantly affect physicians and patient care.

   To support medical staff contributions to the development and achievement of health authority plans and initiatives that directly affect physicians.

   To have meaningful interactions between the medical staff and health authority leaders, including physicians in formal HA medical leadership roles. between the medical staff and health authority leaders, including physicians in formal HA medical leadership roles. [↑](#footnote-ref-2)