

# Project Concept Form

## Research, Evidence-Based Practice, Quality Improvement

### Instructions

1. Complete this form as thoroughly as you can with responses directed to a general audience.
2. Submit the completed form as indicated below:
  - For research projects: Email the form to [research@cvmc.us](mailto:research@cvmc.us)
  - For EBP and quality improvement projects: Email the form to [ebp@cvmc.us](mailto:ebp@cvmc.us)

*You will be contacted for an appointment or appropriate next steps.*

### Contact Information

<b>Name:</b>		<b>Date:</b>	
<b>Email:</b>		<b>Phone:</b>	
<b>Dept/Practice:</b>		<b>Supervisor:</b>	

*Please respond to the following questions as completely as you can:*

### Activity Type(s)

<b>What type of activity are you proposing?</b> (Select all that apply.)	<input type="checkbox"/> Research	<input type="checkbox"/> Education
	<input type="checkbox"/> Evidence-Based Practice	<input type="checkbox"/> Operations
	<input type="checkbox"/> Quality Improvement	<input type="checkbox"/> Other: _____

### Project Summary

<b>Describe the project idea.</b> <ul style="list-style-type: none"> <li>▪ What will you do?</li> <li>▪ Where?</li> <li>▪ With whom?</li> <li>▪ And MOST IMPORTANT: Why?</li> </ul>	
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### Descriptive Keywords

<b>What keywords describe the project?</b> Provide both broad and specific terms and keyword phrases. For instance: "Nursing Heparin Protocol," "Lab Operational Procedure," etc.	
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### Project Description

<b>Problem/Need?</b> Describe the specific need, issue, or question the project will address.	
<b>Goals &amp; Objectives?</b> What do you hypothesize the project impact will be?  What specific changes do you expect to make in the organization or among the beneficiaries as a result of this project?	

<b>Actions?</b> What major steps will need to be taken to make the proposed changes happen?	
<b>Beneficiaries?</b> Identify and describe the individuals and/or groups who <u>may</u> benefit, either directly or indirectly, from your efforts.	<input type="checkbox"/> Clinical staff <input type="checkbox"/> Department/Practice <input type="checkbox"/> Non-clinical staff <input type="checkbox"/> Discipline(s): _____ <input type="checkbox"/> Current patients <input type="checkbox"/> Other: _____ <input type="checkbox"/> Future patients <input type="checkbox"/> Other: _____
<b>Alignment with CVMC Goals?</b> Identify the organizational goal(s) served by this project.	

### Start Date and Length of Project

<b>Timing and Project Length:</b> <ul style="list-style-type: none"> <li>▪ When would the project begin?</li> <li>▪ How long do you predict the project will take?</li> <li>▪ Is the project time sensitive?</li> </ul>	
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### Resources and Budget

<b>What resources will be needed to accomplish the project goals?</b> <i>(Staffing, equipment, training, materials, supplies, services, etc.)</i>	
<b>What is the estimated total funding needed for project?</b>  Is there a helpful smaller amount that could start your project and still make an impact?	\$ _____ Estimated total project budget  \$ _____ Smaller "starter" amount?
<b>Do you have any funding sources already in mind?</b>  If no funding is required, state NA.	
<b>Are there any potential collaborative partners for this project?</b>  Consider possibilities within your own unit/department/practice, others within the organization, community, and/or state, etc.	



<b>FOR OFFICE USE ONLY</b>  Project Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Organizational Signature:	Date: