

Health Service Delivery Partner (HSDP) Letter of Intent Form - Creating the Future of Rehabilitation Care

Consent and Declaration

1. By submitting this Intake Form, including any supporting documentation, I, in my capacity as the authorized representative of the Applicant, legally represent for and on behalf of the Applicant that:

1. The Applicant provides its explicit consent to the disclosure of the information identified within the Application by Alberta Innovates in its sole discretion;
2. The Applicant Representative is legally authorized to submit this Application for and on behalf of the Applicant and has the requisite power to legally bind the Applicant;
3. The Applicant Representative has read and understands the Digital4Health Guide Appendix relevant to this Challenge;
4. The Applicant meets all the eligibility requirements for an investment as set out in the Program Guide Appendix;
5. All information contained in this Application including but not limited to the Project and supporting documentation, is true and accurate;
6. The Applicant acknowledges that failure to provide true and accurate information in this Application will result in automatic rejection of the Application;
7. The Applicant grants Alberta Innovates permission to publicly share information disclosed in the non-confidential section of this form for various purposes, including attracting relevant Technology Solution Providers.

Yes/ No

Confidential
First Name
Last Name
Role
Email
Phone Number
Organization Name
Organization Website

Organization Address
Number of Patients/Clients Serviced annually
Rehabilitation Care Service/s provided
Non-Confidential
<p>Health System Challenge - Please describe your specific, data-informed health system need or challenge that necessitates a technology solution, as it relates to the challenge statements and priority areas in the Program Guide Appendix. Your response should not exceed 500 words and should address the following elements:</p> <ol style="list-style-type: none"> 1. What is the current model of care in place? 2. Describe the specific clinical population affected. 3. What specific problem are you seeking to address, and how does it align with the challenge statements and priority areas outlined in the Program Guide? 4. Why is this problem significant? What quantitative and/or qualitative indicators demonstrate its impact? 5. How are these indicators currently collected and reported?
<p>Leadership support for your project increases the likelihood of successful implementation and long-term sustainability. Do you have leadership support to execute the innovation project, if funded?</p>
<p><i>If yes: Please describe the leadership or decision-making support and buy-in that exists within your organization to ensure the innovation project's successful execution, including who the decision makers are.</i></p>
<p>What is your organization's level of experience with implementing and testing innovative solutions?</p> <p>Note: While experience with innovation projects can be an asset, we value and will consider applicants with any level of experience.</p>
<p><i>Please provide a brief description or example of a time when your organization deployed an innovation project. If possible, share links or reports that offer additional context. (250 words max)</i></p>
<p>Do you have the resources (human resources, time and skills) required to support implementation, execution and evaluation of the innovation project, if funded?</p>
<p><i>If yes: Please describe the resources you have available.</i></p>
<p>What additional supports/resources do you think you will need to successfully execute the innovation project, if funded?</p>