

Health Service Delivery Partner (HSDP) Expression of Interest (EOI) Form – The Alberta Lighthouse Initiative

Consent and Declaration

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 [Program Guide](#) relevant to this Initiative;
4. The Applicant meets all the eligibility requirements for an investment, and is able to receive and manage a grant investment, as set out in the [Program Guide](#) ;
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 the information in the non-confidential section of this form for various purposes, including attracting relevant Innovation Solution Providers.
8. The Applicant acknowledges and agrees that Alberta Innovates and the Program Partners are solely facilitating a forum and mechanism for engagement with Innovation Solution Providers (ISPs), and that the selection of, and any collaboration with, such ISPs shall be at the sole discretion of the Applicant.

Consent: Yes/ No

Confidential
First Name
Last Name
Role
Email

Phone Number
Organization Name
Organization Website
Organization Address
Number of Patients/Clients Serviced Annually
Geographic Area Serviced
Primary Care Service/s Provided
Non-Confidential
<p>Health System Challenge - Describe your specific, data-informed health system need that necessitates an innovative solution, as it relates to the Innovation Challenges in the Program Guide.</p> <p>In up to 500 words, please 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, including how this population relates to one or more of the following conditions: cardiovascular diseases, type 2 diabetes, chronic kidney disease, obesity, or metabolic dysfunction-associated steatohepatitis. 3. What specific problem are you seeking to address, and how does it align with the Innovation Challenges 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>A “How Might We” (HMW) statement is meant to turn a problem into an open-ended opportunity for innovation. It’s short, actionable, and invites creative solutions.</p> <p>If you were to summarize your challenge in a single “How Might We” statement, what would it be?</p> <p>This statement will be used to support efforts to attract Innovation Solution Providers should you advance to the next stage of the program.</p>
<p>Leadership support for your project increases the likelihood of successful implementation and long-term sustainability.</p> <p>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. (250 words max)</p>

What is your organization's level of experience with implementing and testing innovative solutions? Please briefly describe an example of an innovation project your organization has deployed and include links to any supporting materials or references if available. (250 words max)

Note: While experience with innovation projects can be an asset, we value and will consider applicants with any level of experience.

Do you have the resources (human resources, time and skills) required to support implementation, execution and evaluation of the innovation project, if funded?

BRANCH (If yes): Please describe the resources you have available.

What additional supports/resources would you need to successfully execute the innovation project, if funded?

SAMPLE