

Quality Improvement Initiative in Hypertrophic Cardiomyopathy (QIIC) Fund

Application Form

Project Title	
1. Principal Applicant Information	
Name	
Email Address <i>(Communications regarding this application will be sent to this email address)</i>	
Alternate Email address (if applicable) <i>(Both email addresses will be used in communication with the Applicant)</i>	
Title	
Institution	
Legal Name of Institution <i>(for contracting and issuing payments)</i>	
Province	
2. Co-Applicants (if applicable) and Team Members	
Co-applicants: Name: Title: Organization: Email: Name: Title: Organization: Email:	Other team members: Name: Title: Organization: Name: Title: Organization:

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3. Project Details (no more than 4 pages)

Unmet medical need: Describe the problem you wish to address and its impact. Describe the project starting point, including quantitative baseline data or metrics. Ensure project does not duplicate other projects/materials already developed or freely available from other centers.

Proposed intervention: Describe the proposed project, including measurable and realistic project objectives. If it is part of a larger project where external sources of funding or support have been received, please indicate how the BMS funds will contribute to supporting a unique aspect of the larger project.

Patient impact: Describe how your intervention will impact care for oHCM patients (ex. target population, geographic reach, number of patients potentially affected).

Team Contribution: Demonstrate that you have the necessary expertise to carry out the project by describing the team member and contributors to the project.

Risks and Mitigation: Identify major project risks and how these will be mitigated

Evaluation: Describe how you will assess/quantify the success of your intervention

Transferability: Describe how the project outcomes will be disseminated and the impact this project could have on other disease sites, healthcare teams or hospitals

Additional information (optional): Note any additional information that you feel BMS should be aware of in reviewing this project.

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4. Project Timelines: <i>Document only the critical milestones of the project and approximate timelines associated. Assume Sept 2026 as the project start date. Projects should be completed within 1 year.</i>	
Milestone / Key Action	Timeline (month/year)

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5. Budget Proposal: Enter details of your requested budget. Specify job title and time required if applicable.		
Item	Detail	Estimated dollar \$
EXAMPLE - Project Manager	40hr/month x 3 months = 120 h x \$80/hr	\$9,600
EXAMPLE - Translation	10 hr	\$1,000
SUBTOTAL		
TOTAL AMOUNT REQUESTED (inclusive of overhead)		

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6. Department Leadership Authorization: *Some quality improvement projects may require team members to contribute to the project in addition to their regular duties. Long-term sustainability of a project may also require buy-in from departmental leadership. Please obtain confirmation of project alignment with priorities of the Institution.*

Sustainability Plan: *Please describe your sustainability plan, especially if long-term funding is needed.*

Confirmation from Chief of Department / Service / Unit

Chief of Department Name	Department	Signature

Principal Applicant Signature: _____

Date: _____

For assistance with the application form or to submit your completed application, please contact:

Jamila Ennaciri
Senior MSL, Cardiovascular
QIICardio@BMS.com