

### Instructions for Completing the Expression of Interest (EOI) Application Form

- The EOI is divided into eight sections. Your responses should reflect the alignment with the [Modernizing Alberta's Primary Health Care System](#) strategic outcomes of Access, Integration, Quality, Albertans as Partners, and Culturally Safe and Appropriate Care.
- Most sections include a long-form response field with instructions for completion. Responses should be clearly written, well-organized, and detailed. Whenever possible, explanations or justifications should be supported with evidence and appropriate references (e.g., specific examples, qualitative and quantitative data, study findings, financial information). Responses may include information beyond what is requested if you consider it relevant.
- Submitted EOI Application Forms will be pre-assessed by the Primary Health Care Grants Team in the Ministry of Primary and Preventative Health Services. **Incomplete submissions will not be considered.**
- Details regarding how to fill out the fields are included below with sample responses for your reference. If you require additional guidance, please contact [PrimaryHealthCareGrant@gov.ab.ca](mailto:PrimaryHealthCareGrant@gov.ab.ca).

### Section 1 – General Information

Instructions	
Form Field	Description
Date Submitted	<ul style="list-style-type: none"> <li>• Date this application is submitted to the Primary Care Health Grants Team.</li> </ul>
Applicant Position	<ul style="list-style-type: none"> <li>• Position of the person submitting this application, in relation to the clinic or organization.</li> </ul>
Applicant First and Last Name	<ul style="list-style-type: none"> <li>• Full name of the person submitting this application.</li> </ul>
Name of the Clinic/Community Organization	<ul style="list-style-type: none"> <li>• Common name of the clinic or organization, i.e., what would be on the front door of the clinic.</li> </ul>
Phone, Email Address	<ul style="list-style-type: none"> <li>• Phone number and email address of the person submitting this application.</li> </ul>
Street Address, City or Town, Province and Postal	<ul style="list-style-type: none"> <li>• Street address location of the clinic or organization.</li> <li>• Please ensure the mailing address provided aligns with the mailing address listed on the <a href="#">Canada Post website</a>.</li> </ul>

Date Submitted yyyy-mm-dd

2025-09-19

Applicant First Name

Primarie

Applicant Last Name

Carrey

Applicant's Position

Clinic Manager

Name of Clinic/Community Organization

The Village Mediclinic

Street Address

123 50th Street

City or Town

Village of Ruralton

Province

AB

Postal Code

T9D 2F7

Phone

403-123-4567

Email

primarie.carrey@clinic.ca

## Section 2 - Legal Entity

Instructions	
Form Field	Description
Legal Entity Name of Grant Recipient	<ul style="list-style-type: none"> <li>Legal name of the clinic or community organization that will receive the grant funds.</li> <li>This entity will either be named or numbered, and likely ends with "Corporation," "Ltd.," or "Inc."</li> <li>If available, also provide the CORES Corporate Access Number or Alberta Business Number.</li> <li><i>If successful, the banking information you provide must match this legal entity name to receive funding</i></li> </ul>
Phone, Email Address	<ul style="list-style-type: none"> <li>The phone number and email address associated with the legal entity of the clinic or organization.</li> </ul>
Legal Entity Mailing Address, City or Town, Province and Postal Code	<ul style="list-style-type: none"> <li>Mailing address attached to the legal entity of the clinic or organization.               <ul style="list-style-type: none"> <li>This may be different from the street address listed with the contact name.</li> </ul> </li> <li>Please ensure the mailing address provided aligns with the mailing address listed on the <a href="#">Canada Post website</a>.</li> </ul>
Representative First and Last Name	<ul style="list-style-type: none"> <li>This will be the individual maintaining a continuing liaison with Primary and Preventative Health Services in matters related to the grant, including signing the grant agreement and providing other legal signatures.</li> <li>This person can be the same or different from the person submitting this application; however, it should be an individual who has considerable direction over the clinic or community organization.</li> </ul>
Representative's Position	<ul style="list-style-type: none"> <li>Position of the representative in relation to the clinic or community organization.</li> </ul>
Representative Email Address	<ul style="list-style-type: none"> <li>Email address where the representative can be reached.</li> <li>If the clinic or organization is successful in their application, the representative will receive an email directing them to sign the finalized grant agreement.</li> </ul>

Legal Entity Name of Grant Recipient

Dr. John Smith Professional Corporation

Mailing Address

PO Box 500

City or Town

Village of Ruralton

Province

AB

Postal Code

T9E 1E5

Phone

780-765-4321

Email

dr.john@clinic.ca

Provide information regarding the grant representative. If successful, this will be the individual maintaining a continuing liaison with Primary and Preventative Services in matters related to the grant, including signing the grant agreement and providing other legal signatures.

Representative First Name

John

Representative Last Name

Smith

Representative's Position

Lead Physician

Representative Email

dr.john@clinic.ca

## Section 3 – Budget

### Funding Eligibility Criteria

#### Instructions

- The clinic or organization must be able and willing to provide 50 per cent of the total funding of the project. The Province will be funding half of the total project and the clinic or organization will be funding the other half.
- For example, if the clinic is requesting funding for hiring a Registered Nurse who will be paid \$90,000 per year for two years (fiscal years 2026-2027 and 2027-2028), inclusive of benefits:
  - The clinic will request \$45,000 for 2026-2027 and another \$45,000 for 2027-2028 from the Province.
  - The clinic will fund the other half of the salary, \$45,000 for 2026-2027 and another \$45,000 for 2027-2028.
- The clinic or organization must be located in a community listed in the Rural Remote Northern Program Community Rate Table. Clicking the link provided will take you to the table, where you can search for the clinic's location in Alberta (e.g., Chestermere, Ponoka, Valleyview).

Is the clinic or community organization able and willing to provide 50 per cent of the total funding cost towards the project? (Note: Maximum total per individual salary inclusive of benefits is \$145,000; up to \$72,500 will be provided through grant funding.)

Yes  No

Is the municipality where the clinic or community organization is located listed on the [Rural Remote Northern Program \(RRNP\) Community Rate Table](#)?

Yes  No

#### Funding Amount Request

Please provide a breakdown of the funds requested to hire new primary care team member(s). In the table below, include the position title and the full-time equivalent (FTE) required as well as the funding amount requested.

- If applying for multiple positions, please add rows and list each provider on its own line.
- For each fiscal year, please include the amount requested for provincial funding and the matched clinic amount.
- Salary, including benefits must not exceed \$145,000 per year

#### Instructions

- As above, the applicant is required to provide 50 per cent of the project costs (the salary and benefits of new team members). Please demonstrate the Province's contribution and applicant's contribution in the corresponding columns in the table below
  - Maximum total per individual salary inclusive of benefits is \$145,000 per year; up to \$72,500 will be provided through grant funding.
  - If there are multiple positions requested, please create new rows in the table.
- Fiscal year runs from April 1 of the current year to March 31 of the following calendar year.
  - Note that this application is for salary and benefits to fund new primary care team member(s) only.
  - No other expenses are eligible in this grant program (e.g., physician or nurse practitioner salary offset, rent or lease costs, or capital expenditures).
  - If ineligible expenses are included in the table below, they will not be considered for funding.

Expenses		2026-27		2027-28		Total
Position	FTE	Requested	Matched	Requested	Matched	Per year
Registered Nurse (RN)	1.0	\$45,000	\$45,000	\$45,000	\$45,000	<b>\$90,000</b>
Social Worker	0.5	\$30,000	\$30,000	\$30,000	\$30,000	<b>\$60,000</b>
<b>Total</b>		<b>\$75,000</b>	<b>\$75,000</b>	<b>\$75,000</b>	<b>\$75,000</b>	<b>\$150,000</b>

### Section 4 - Services and Programs Overview

Briefly describe the clinic or community organization, and the current services and/or programs provided, clinical and non-clinical, along with any health care and social services disciplines involved. Provide specific details on the programs and services, staffing, and the number of clients/patients served by these programs in the current state.

#### Instructions

- Provide a description of the clinic or organization, including what services are offered, number and type of staff who work there now, and which communities are served.
  - Please include both clinical (e.g., registered nurse) and non-clinical (e.g., receptionist) positions.
  - If possible, please include details around population size and demographics (e.g., aging population).
- It is beneficial to include quantifiable metrics to use as a baseline such as the number of patients served at the clinic (e.g., monthly appointments, physician’s panel size, average time until next appointment).
- Descriptions should be detailed and specific as possible, to give a fulsome idea of the gaps that may be addressed through grant funding.

#### Sample Response

- Our clinic is a rural family practice serving approximately 8,000 residents from the Village of Ruralton and surrounding communities. Services currently offered include family medicine, chronic disease management (diabetes, hypertension, COPD), women’s health, pediatric care, immunizations, and basic mental health counselling.
- Our team includes three family physicians, one part-time nurse practitioner, one registered nurse, two licensed practical nurses, three medical office assistants, and one clinic manager. We also partner with a visiting dietitian and a community outreach worker who supports patients with social needs such as housing and transportation.
- We see roughly 1,200 patient visits each month. The majority of our population is older adults (28% over age 65), with many living on farms or acreages where access to transportation is limited. The community also includes a significant Indigenous population (First Nations and Métis) who rely on our clinic as their primary point of care. Current gaps include long wait times (average 5 weeks for non-urgent appointments), limited mental health supports, and insufficient capacity for chronic disease follow-up.
- One of our physicians is retiring at the end of August 2025 and there are concerns that community members will face increased barriers in accessing primary care as a result.

## Section 5 - Proposed Expansion of Services and Programs

Provide a detailed description of your proposal including additional new primary care team member(s) hired, how the additional new primary care team member(s) will overcome the gaps in services in the community service area (i.e., primary care services that are not available but needed) and/or difficulties accessing primary care services. Ensure to provide the discipline of the non-physician/nurse practitioner primary care provider being hired and the Full Time Equivalent.

### Instructions

- Provide an explanation of the requested new team member(s) including the scope of their position, the work they will do, and the potential impact they will bring to the clinic or community organization to help overcome gaps in services.
- It is beneficial to connect the current state of the clinic or organization to the need for expansion, including how it will help improve access to primary care services in the community.

### Sample Response

- To address these gaps, we are requesting funding to hire:
  - **1.0 FTE Registered Nurse (RN)** to provide chronic disease management, wound care, preventive health screening, and health teaching.
  - **0.5 FTE Social Worker** to improve access to counselling and connect patients to community supports.
- The RN will manage routine follow-ups for patients with diabetes, hypertension, and chronic wounds, which will allow physicians to focus on complex and acute cases.
- The Social Worker will provide short-term counselling, help patients navigate addictions and housing supports, and strengthen culturally appropriate care by working closely with Indigenous community members.
- Together, these positions will reduce wait times, expand chronic disease and preventive care capacity, and improve access to mental health and social supports in Ruralton.

## Section 6 - Anticipated Outcomes

Please provide metrics that demonstrate how the new team member(s) will contribute to increased access to primary care services for the community service area, including a comparison to current baseline metrics, as available. For example, the number of patients served by the clinic, panel size or time to next available appointment.

### Instructions

- Please provide qualitative and quantifiable metrics (e.g., number amount increases, percentage increases, multiplicative increases) around how the new team member(s) will impact primary care at the clinic or organization.
- If baseline metrics are available, please use these for comparison when projecting the potential improvements resulting from grant funding. For example:
  - If the current patient panel size is 100, the inclusion of a new team member could bring the panel size up to 200. This could add 100 new patients to the panel, improving access to primary care for patients.
  - If a Registered Nurse will treat patients with wounds, and approximately 20 appointments per month are for wound treatment, there is potential for the clinic physicians to book 20 additional appointments per month.

## Sample Response

- With the addition of an RN and a Social Worker, we anticipate the following outcomes:
  - **Access:** Ability to expand our patient panel by approximately 400–500 patients in the first year (from 2,400 currently to about 2,800–2,900).
  - **Wait times:** Reduce average non-urgent appointment wait from 6 weeks to 4 weeks.
  - **Chronic disease care:** RN will handle 25–30 follow-up visits per month for chronic disease management, allowing physicians to see 25–30 additional acute care patients monthly.
  - **Mental health and social supports:** Social Worker will serve 15–20 patients monthly with counselling or system navigation support.
  - **Culturally safe care:** Expanded team capacity will enable longer appointment times and better connection to culturally relevant community resources.
- These outcomes directly advance MAPS strategic goals of improving access, integration of care, and culturally appropriate services.

## Section 7 - Sustainability Plan

Describe how your clinic or community organization will ensure this project is sustainable after the grant term ends. Provide any additional information about how new primary care team member(s) will be maintained following the project period.

### Instructions

- Please provide a detailed description of how the clinic or organization will sustain funding of the new team member after the grant funding ends. This may include the use of pre-existing partnerships or systems leveraged to cover costs, budget adjustments to cover staff salary, etc.
  - For example, the addition of a new team member may open more physician time for patient appointments, leading to more funds for the clinic as the physician is able to bill for more patients.

## Sample Response

- Our sustainability plan combines increased clinic efficiency with external partnerships.
- Financially, the RN's role will free up physician time for an estimated 25–30 more patient visits monthly, generating revenue to help offset staffing costs. Similarly, the Social Worker's support is expected to reduce missed appointments and improve follow-up care, which stabilizes clinic operations.
- We are also exploring a long-term cost-sharing model with our local Primary Care Network (PCN) to support the Social Worker position. Early discussions with PCN leadership indicate potential alignment with their mental health programming.
- By the end of the grant term, we anticipate that increased billing revenue and PCN partnership will enable us to sustain both positions and continue offering expanded services.

## Section 8 - Measurement and Evaluation

Each successful applicant will have an opportunity to shape what key measures will be collected through participation in evaluation activities (i.e., interviews and surveys) which will focus on the context of the grant project within the clinic or community organization, project outputs, and experiences of the recipient.

### Instructions

- Applicants must agree to participate in this evaluation.
- Recipients will be engaged with via surveys and interviews throughout the course of the grant term.
- Recipients will not be required to provide data about their clinic or patients, but rather, the evaluation will focus on the outputs and experiences of the recipient. The evaluation will focus on the changes and impacts from the recipients' perspective due to the grant funding.

I (we) acknowledge and agree to participate in the evaluation activities, which may be with a third-party evaluation team.

Agree

Do Not Agree

### Signature and Declaration

I (we), certify that the information provided in this EOI Application Form is true, complete, and correct to the best of my (our) knowledge and belief. I (we) understand that any misrepresentation, falsification, or omission of information may result in disqualification from consideration for the Rural Team Recruitment Grant Program. I (we) authorize the verification of any or all information listed above.

I (we) have read the mandatory requirements and understand that all mandatory requirements will need to be met to be eligible for funding and to participate in the program.

*Primarie Carrey*

Applicant Signature