

Peer Advised Impact Fund Application for Funding

Date: _____ **Total Amount Requested: \$** _____

Amount requested should include taxes, delivery and all installation costs under \$10,000 CDN.

Department Name: _____

Description of equipment requested: _____

How will this equipment enhance patient care? _____

How is this equipment new technology or innovative in the way it provides care?

Expected Purchase Date: _____ *(Note: Funds will be available for 3 months from the date of RCHF approval. After this period, re-approval is required.)*

Please answer Yes or No to the following questions:

Yes	No	
		Is this item currently on the approved FHA capital equipment list? *If not, please provide explain the rationale for the funds in section Description of equipment requested *
		Is funding for this equipment only available through the Foundation?
		Supporting documentation for funding request such as quotes, pictures, impact of use, etc.

Contact Person responsible for ensuring funds are spent: _____

Email Address: _____

<p>Program Administrator</p> <p>Name (printed): _____</p> <p>Date: _____</p> <p>Signature: _____</p>	<p>Program Director (required for requests \$5,000+)</p> <p>Name (printed): _____</p> <p>Date: _____</p> <p>Signature: _____</p>
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FOR RCHF OFFICE USE ONLY:

Funding Decision: _____ Amount Approved: _____

Peer Advised Impact Fund Committee Meeting Date: _____

Committee Chair & Foundation Approval:

Name: Jeff Norris _____ Date: _____

Signature: _____

Peer Advised Impact Fund

Application for Funding

About the Peer Advised Impact Fund

The Royal Columbian Hospital Foundation is establishing the Peer Advised Impact Fund to support the purchase of medical equipment from the proceeds of the RCH Staff 50/50 Lottery.

Applications will be accepted for hospital equipment under \$10,000 (including all taxes, shipping) that will directly impact patient care at the hospital.

The fund will support:

- equipment with demonstrated ability to improve patient comfort and/or care for a wide-range of patients
- equipment that enhances a health care provider's ability to more safely and effectively care for their patients

Anyone working at the Royal Columbian Hospital is eligible to submit an application.

Application Deadlines

There are three funding periods per year. Applications for funding can be submitted at any time to the Foundation office, by fax to 604-520-4439 or by email to annalissa.magleo@fraserhealth.ca . The submission deadline for each review is as follows:

Application Deadline	Committee Review & Approval for Funding
March 15	April
July 15	August
November 15	December