

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

Amount must be under \$10,000 CDN including taxes, delivery and installation

Equipment Requested: _____

Department Name: _____

Contact Person	Name:	
	Email Address:	

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 explain the rationale for the funds in the Description of equipment requested section *
		Do you have other funding sources for this equipment?
		Have supporting documentation been provided? Please attach - quotes, pictures, impact of use, etc.

Expected Purchase Date: _____

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

Signatories	
Program Administrator	Program Director (required for requests \$5,000+)
Name (printed):	Name (printed):
Title:	Title:
Signature:	Signature:

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?

How often will the equipment be used each month? How many patients will the equipment treat each year?

FOR RCHF OFFICE USE ONLY:

Funding Decision:

Amount Approved: _____

Peer Advised Impact Fund Committee Meeting Date:

Committee Chair & Foundation Approval:

Name: Jeff Norris

Signature: _____

Date: _____

About the Peer Advised Impact Fund

The Royal Columbian Hospital Foundation established 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
- Equipment that is new in technology or innovative in the way it provides care

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