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| Please type all information | **Application Deadline: November 19, 2021** (noon)  Submit to: margaret.tam@fraserhealth.ca |

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| **Date:** |  |
| **Title of Proposal:** |  |
| **Department Name:** |  |

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| --- | --- | --- | --- |
|  | Name & Title | Email Address | Phone Number |
| **Main Applicant** |  |  |  |
| **Co-Applicant** (if applicable) |  |  |  |
| Administrative Support (if applicable) |  |  |  |

**Total Funding Requested**: **CDN $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MUST INCLUDE taxes, delivery, installation, shipping & handling

**Expected equipment delivery date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Yes** | **No** |  |
|  |  | Does the equipment comply with the funding criteria? Details on page 5. |
|  |  | Has the equipment been identified as necessary for the redevelopment of the hospital? |
|  |  | Is this item currently on the approved FHA Capital Equipment List? |
|  |  | If the item is *not* on the FHA Capital Equipment List does it have approval from Capital Equipment/Planning? |
|  |  | Is this item approved for use within RCH and are all of the operating and renovations costs required already in place? |
|  |  | Have you applied to any other funding opportunities through the RCH Foundation for this equipment? If yes, provide details below.   |  | | --- | | Funds: Peer Advised Impact Fund (PAIF), Advancing Innovation in Medicine (AIM), Caritas, RCH Auxiliary, Department funds | | Details: | |
|  |  | If approved by mid-February 2022 will the order be placed before April 16, 2022?  *(orders not placed within eight (8) weeks of approval will have funding retracted unless approved otherwise)* |
|  |  | If approved by mid-February 2022, can the equipment be in the hospital and in use by October 31, 2022? |
|  |  | If shortlisted, will you or a representative be available to present to the Foundation Board on February 1, 2022? |
|  |  | Have all required signatures been provided in section 4? |

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| **APPLICATION DEADLINE** | **FRIDAY, NOVEMBER 19, 2021** (noon) |
| **Submit applications to:** | margaret.tam@fraserhealth.ca |

**All required information & documents must be provided.**

**Incomplete applications will not be evaluated.**

Note:

* Please remove any passwords from all documents sent with the application.
* If you send the application form as a PDF please also send the Word version.

***Required Information***

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| **Section 1: Introduction** |
| *Please provide a short introduction and background about the area requesting funding.* |
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| *Please provide a clear and concise description of the need for the equipment, including the goals and objectives of adding this equipment to RCH.* |
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| **Section 2: Expected Impact/Benefit of the Requested Equipment** |
| *Has the equipment been identified as necessary to the redevelopment of the hospital? If yes, explain why.* |
|  |
| *Will the equipment enhance an existing project? If yes, please describe how.* |
|  |
| *Will the equipment allow a larger project to go forward that otherwise would not have proceeded?* |
|  |
| *How will the equipment change, for the better, the way health care is delivered at RCH, in BC and beyond?* |
|  |
| *How often will the equipment be used each month?* |
|  |
| *How many patients will the equipment treat each year?* |
|  |
| *How will this equipment impact patient outcomes?* |
|  |
| *Will this equipment help RCH retain and recruit the best health care providers? If so, please describe how.* |
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| **Section 3: Funding for Equipment** |
| *Provide a detailed budget or quote in* ***Canadian dollars*** *for this equipment. The budget/quote MUST include the cost of equipment, taxes, delivery, installation, shipping & handling if applicable. A separate document can be attached.* |
|  |
| *Do you have any additional funding sources (or in-kind contributions) which will help to pay for the equipment? I.e. partnership with external vendor or commitment from departmental staff for a fundraising initiative. Note: it is not mandatory to have an additional funding source but it is certainly welcome.* |
|  |
| *Does RCH have this equipment on site already? If so, can it be shared and still fulfill the needs of each department using the equipment?* |
|  |
| *Please provide appropriate confirmation that all renovation and operating costs for the equipment have been taken into account. Please also confirm that any ongoing costs have also been approved.* |
|  |

**Additional Information** (not required but welcomed)

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| *Describe how the impact of the equipment will be evaluated and how this information will be disseminated.* |
|  |
| *Describe how having this equipment will allow any research and/or education components to take place.* |
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| *Provide letters of support for this application from persons knowledgeable in the field or in a position to contribute to the program. Letters may be attached to this application.* |
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| **Section 4: Signatures** (ALL Required) | |
| **Project Administrator -** Provides logistics for the application i.e. order equipment, ensure deadlines are met | **Project Lead -** Main person heading the project |
| Name (typed): | Name (typed): |
| Title: | Title: |
| Signature: | Signature: |
| **Area / Dept Executive Director -** Provides approval to submit application | **Clinical Director -** Endorses & supports the application |
| Name (typed): | Name (typed): |
| Title: | Title: |
| Signature: | Signature: |
| **RCH Executive Director -** Provides approval to submit application |  |
| Name (typed): |  |
| Title: |  |
| Signature: |  |

* In some cases, the Project Administrator and the Project Lead may be the same person.
* The Project Lead is expected to present to the Board if the application is shortlisted.

**Funding Criteria**

Eligible equipment will meet the following minimum criteria:

* Equipment cost that is between $10,000 - $300,000 CDN (must include all taxes, delivery, installation, shipping & handling, if applicable).
* Equipment is approved for use within RCH and all operating and renovations costs required are already in place.
* Equipment can be received and in operation before October 31, 2021.
* Equipment that enhances a health care provider’s ability to more safely and effectively care for their patients.
* Equipment that represents advancement in how care is delivered.
* Replacement equipment that does not provide innovation *will not be considered*. For example, patient beds and replacement of old equipment with a newer model of the same item will not be considered.
* Equipment that meets the minimum criteria above and is currently on the RCH Capital Equipment Unfunded List will, by default, be included in the process.
* Equipment that is not on the RCH Capital Equipment Unfunded List must have approval from Capital Equipment/Planning.

Preference will be given to:

* Legacy equipment that has been identified as necessary for the redevelopment of the hospital.
* Equipment that will enhance an existing project or, by supplying the first investment, ensure that a project will go forward that otherwise would not have proceeded.
* Equipment that has the opportunity to change, for the better, the way health care is delivered at RCH, in BC and beyond.
* Equipment that will be used often, have a high impact on patient outcomes and assist in retaining and recruiting the best staff.
* Equipment that will have a high impact on patient outcome & experience.
* Equipment that will provide leveraged level of impact compared to the investment.
* Proposals that demonstrate a high level of support by front line care givers.

**Time Line**

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| Last Week of September 2021 | Public announcement of funding |
| November 19, 2021 | Application deadline |
| Mid-December 2021 | Announcement of shortlisted applications |
| February 1, 2022 | Presentation to the Board and selection committee |
| Mid-February 2022 | Announcement of funding decisions |
| April 15, 2022 | Deadline for purchase order confirmation to be submitted to RCHF |
| October 31, 2022 | Deadline for equipment to be in use at RCH |