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| Please type all information | **Application Deadline: November 26, 2021** (noon)  **Submit to: margaret.tam@fraserhealth.ca** |

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

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| --- | --- | --- |
| **Contact Person** | Name |  |
|  | Email Address |  |
| Phone Number |  |

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

MUST INCLUDE taxes, delivery, installation, shipping & handling

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| --- | --- | --- | --- |
| **When do you anticipate that the project will start and be completed?** | | | |
| Start Date |  | Completion Date |  |

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| **Yes** | **No** |  |
|  |  | Does the project comply with the funding criteria? Details on page 4. |
|  |  | Has the project / equipment been identified as an enhancement for the redevelopment of the hospital? |
|  |  | If the item is *not* on the FHA Capital Equipment List does it have approval from Capital Equipment/Planning? |
|  |  | Is this project approved for use within RCH and are the operating costs required are approved by FHA? |
|  |  | Is this project in alignment with RCH services and approved modalities? |
|  |  | Will you or a representative be available to make a presentation to the Foundation Board in early February 1, 2021? |
|  |  | Have all required signatures and information been provided?  *Note:* Incomplete applications will not be evaluated. |

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| **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: |
| **Executive Director** (Provides approval to submit application) | **Clinical Director** (Endorses & supports the application) |
| Name (typed): | Name (typed): |
| Title: | Title: |
| Signature: | 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.

***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 project or equipment, including the goals and objectives of adding this to RCH.* |
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| **Section 2: Expected Impact/Benefit of the Requested Equipment** |
| *Has the project or equipment been identified as an enhancement to the redevelopment of the hospital?*  *If yes, explain why.* |
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| *Will the project or equipment allow a larger project to go forward that otherwise would not have proceeded?* |
|  |
| *How will the project or equipment change, for the better, the way health care is delivered at RCH, in BC and beyond?* |
|  |
| *How often will patients benefit from this project or equipment each month?* |
|  |
| *How many patients will the project or equipment treat each year?* |
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| *How will this project or equipment impact patient outcomes?* |
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| *Will this project or equipment help RCH retain and recruit the best health care providers?*  *If so, please describe how.* |
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| **Section 3: Funding for Project or Equipment** |
| *Provide a detailed budget or quote in* ***Canadian dollars*** *for this equipment. The budget/quote MUST include the cost of project or equipment, taxes, delivery, installation, shipping & handling if applicable. A separate document may be attached.*  *Note: If approved, the FHA procurement process must be followed for this project or equipment.* |
|  |
| *Do you have any additional funding sources (or in-kind contributions) which will help to pay for the project or 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.* |
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| *Please provide appropriate confirmation that, if approved, the operating costs for this project have been taken into account. Please also confirm that any ongoing costs have also been approved by FHA.* |
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**Additional Information** (not required but welcomed)

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| *Describe how the impact of the project or equipment will be evaluated and how this information will be disseminated.* |
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| *Describe how having this project completed or 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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**Funding Criteria**

Eligible projects or equipment will meet the following minimum criteria:

* Generally, projects will be $500K to $2.5M CDN in total.
  + *Total must include* all taxes, delivery, installation, shipping & handling, if applicable.
* Projects are approved for use within RCH and all operating and renovation costs required are approved by FHA.
* Projects will enhance Phase II or III of the hospital redevelopment but they are not included in the scope of the hospital redevelopment.
* Projects represent an advancement in how care is delivered.
* Projects are innovative and progressive in the health care environment.
* Projects are attractive to donors and have a recognition component, but do not duplicate projects within Phase II or III of the hospital redevelopment.
* Projects are not required until the opening of the Phase II acute care tower or later.
* Total projects selected do not exceed the Foundation’s fundraising capabilities.
* Projects or equipment enhance a health care provider’s ability to more safely and effectively care for their patients.
* Equipment that is not on the RCH Capital Equipment Unfunded List must have approval from Capital Equipment/Planning.

Preference will be given to:

* Projects 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.
* Projects that have the opportunity to change, for the better, the way health care is delivered at RCH, in BC and beyond.
* Projects that have a high impact on patient outcomes, experiences and assist in retaining and recruiting the best staff.
* Projects that will provide leveraged level of impact compared to the investment.
* Projects that demonstrate a high level of support by front line care givers.

**Time Line**

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| September 2021 | Public announcement of funding |
| November 26, 2021 | Application deadline |
| Third week of December 2021 | Announcement of shortlisted applications |
| February 1, 2022 | Presentation to the Board and Selection Committee |
| Mid-February 2022 | Announcement of funding decisions |