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| Please type all information  | **Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Submit to: evita.moraperea@fraserhealth.ca |

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| **Applicant Information** |
| **Lead Name:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |
| **Department Name:** |  |
| **Co-Applicants/Other Team Members**  |  |
| **Academic Partner** (if applicable) |  |

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| **Project/Initiative Information** |
| *Project Title* |
|  |
| *Project Description*  |
|  |
| *How does your project improve patient care?*  |
|  |
| *How will you measure the outcomes of your project on improving the patient care?*  |
|  |
| *Will your project integrate a research component?*  |
|  |
| **Additional Information**  |
| *Will there be any operational financial impacts and/or staffing issues anticipated to executive this project (i.e. lack of casuals to cover leave)? If yes, please explain.*  |
|  |
| *How will this project benefit your program and Royal Columbian Hospital?* |
|  |
| *How will this project improve inter-departmental collaboration at Royal Columbian Hospital?*  |
|  |
| *Have you exhausted other available funding? How will this project or equipment impact patient outcomes? If no, please explain.*  |
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| **Disclosure**  |
| Have you applied for other funding for this project?  | Yes [ ]  No [ ]  |
| If yes, please specify source:  |
| I am committed to attending all relevant sessions  | Yes [ ]  No [ ]  |
| I will share what I’ve learned with my program/unit within 30 days of my return | Yes [ ]  No [ ]  |
| I will submit a thank you card/letter acknowledging the grant I have received  | Yes [ ]  No [ ]  |
| *Signature:* | *Date:*  |

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| **Budget** |
| **Proposed Expenses (be specific if possible)** | **Rationale** | **Estimated Cost** |
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|  |  |  |
|  |  |  |
| Total | $ |

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| **Signatories**  |
| *Principal Applicant*  | *Area Director*  |
| *Signature:* | *Signature:*  |
| *Title:*  | *Title:* |
| *Date:*  | *Date:*  |

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| **Committee Approval**  |
| Co-Chair, RCH Education Grants Review Committee  |
| *Signature:* | *Date:*  |
| Decision  | Approved [ ]  Declined [ ]  |
| If no, reason:  |
| Amount: $ | Fund:  |

**INCOMPELTE APPLICATIONS WILL BE RETUREND TO THE APPLICANT**