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

|  |  |
| --- | --- |
| **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 | | $ |

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

|  |  |
| --- | --- |
| **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**