

Major Project & Equipment Funding Application

Winter 2025

Please type all information

Application Deadline: February 21st, 2025 (noon) Submit to: sherry.loewen@fraserhealth.ca

Date:			
Title of Proposal:			
Department Name:			
	Name & Title	Email Address	Phone Number
Main Applicant			
Co-Applicant (if applicable)			
Administrative Support (if applicable)			
Total Funding Request	ed: CDN \$_ MUST INCLUDE taxes, deli	very, installation, shipping & h	andling
Expected equipment de	elivery date:		
Yes No			

Yes	No		
		Does the project or equipment comply with the funding criteria? Details on page 5.	
		Has the project or 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 <u>not</u> 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		
	project or 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 late-April 2025 will the order be placed before July 31st, 2025?		
	(orders not placed within eight (8) weeks of approval will have funding retracted unless approved otherwis		
	If approved by late-April 2025, can the project or equipment be in the hospital and in use		
		November 31st, 2025?	
		If shortlisted, will you or a representative be available to present to the Foundation Board on in	
		early April 2025?	
		Have all required signatures been provided in section 4?	

APPLICATION DEADLINE	FRIDAY, February 21st, 2025 (noon)
Submit applications to:	Sherry.loewen@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.



Major Project & Equipment Funding Application Winter 2025

• If you send the application form as a PDF please also send the Word version.

Required Information

Section 1: Introduction			
Please provide a short introduction and background about the area requesting funding.			
Please provide a clear and concise description of the need for the project or equipment, including the goals and objectives of adding this project or equipment to RCH.			
Section 2: Expected Impact/Benefit of the Requested Equipment			
Has the project or equipment been identified as necessary to the redevelopment of the hospital? If yes, explain why.			
Will the project or equipment enhance an existing project? If yes, please describe how.			
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 the project or equipment be used each month?			
How many patients will the project or equipment treat each year?			
How will this project or equipment impact patient outcomes?			



disseminated.

take place.

Major Project & Equipment Funding Application

Winter 2025

Will this project or equipment help RCH retain and recruit the best health care providers? If so, please describe how.
Section 3: Funding for Project or Equipment
Section 3. Funding for 1 roject of Equipment
Provide a detailed budget or quote in <u>Canadian dollars</u> for this project or equipment. The budget/quote <u>MUST</u> include the cost of project or 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 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.
Does RCH have this project or equipment on site already? If so, can it be shared and still fulfill the needs of each department using the project or equipment?
Please provide appropriate confirmation that all renovation and operating costs for the project or equipment have been taken into account. Please also confirm that any ongoing costs have also been approved.
Additional Information (not required but welcomed)
Describe how the impact of the project or equipment will be evaluated and how this information will be

Describe how having this project or equipment will allow any research and/or education components to

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.



Major Project & Equipment Funding Application

Winter 2025

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.



Major Project & Equipment Funding Application

Winter 2025

Funding Criteria

Eligible projects or equipment will meet the following minimum criteria:

- Project or Equipment cost that is between \$10,000 \$300,000 CDN (must include all taxes, delivery, installation, shipping & handling, if applicable).
- Is approved for use within RCH and all operating and renovations and associated costs required are already in place.
- Must be in operation before November 31st, 2025.
- Must enhance a health care provider's ability to more safely and effectively care for their patients.
- Should represent 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.
- Project or 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.
- Project or Equipment that has the opportunity to change, for the better, the way health care is delivered at RCH, in BC and beyond.
- Project or Equipment that will be used often, have a high impact on patient outcomes and assist in retaining and recruiting the best staff.
- Project or Equipment that will have a high impact on patient outcome & experience.
- Project or 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

Week of January 2025 February 21st, 2025 Mid March 2025 April 4th, 2025 TBC Late April, 2025 July 31st, 2025 November 31st, 2025

Public announcement of funding Application deadline Announcement of shortlisted applications Presentation to the Board and selection committee Announcement of funding decisions Deadline for purchase order confirmation to be submitted to RCHF Deadline for equipment to be in use at RCH