ENHANCED PATIENT CARE COMMITTEE

GRANT APPLICATION FORM

Date

Project Title

Dept/ Div/ Program

Contact Person/ Project Lead

Title

Location/Room No.

Telephone No.  Email:

DESCRIPTION of program / project / equipment:

1. Is this a component of an existing program or a new program?

2. In what manner will this request enhance patient care?

3. Budget Summary: (attach breakdown as applicable)

   Please note the EPC Fund will support a maximum of a few thousand dollars per project. If your project requires a higher level of funding, please contact the SPH Foundation to discuss alternatives to EPC.

   TOTAL: $

4. Are there other funding sources?

5. Will this request require an ongoing commitment from the Hospital? (Applications requiring ongoing financial commitment from the Hospital or Foundation will be discouraged. Operating expenditures should be obtained from a Hospital Department prior to application being made)

   a) Staff
   b) Space Allocation:
   c) Supplies:
   d) Service Contract:

Note:

For Committee Use only:

Application No.

Date Received

Approved

Yes / No  Amount:

Note:
6. If there are ongoing costs, who will be covering these costs (which Hospital Department)?
If a Department other than the one from whom the application is submitted is involved, a letter outlining the commitment of the Department should be included.

7. Are there costs implications for other areas and departments of the Hospital?

8. In the event that the committee wishes to seek an external opinion, who would you suggest to contact? (Please provide telephone number).

9. If you plan to submit more than one application, where does this application rank against others for your program/area? (In the event that the committee must choose between applications).

10. St. Paul’s Foundation honours the contributions of its donors and seeks recognition opportunities* wherever appropriate. Please consider what recognition opportunities might be appropriate:

| Plaque or visibility (on wall, on item) | Foundation Logo or website link (on display, in print) | Verbal Recognition (e.g. at a presentation) | Other: ____________________________ | N/A |

* all recognition must be in accordance with the St. Paul’s Hospital Foundation Recognition Policy

11. The Project Lead will proactively keep SPF updated regarding any accomplishments, changes, or challenges, so SPF can be accountable to its donors.

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Cost Centre No. to be reimbursed - if funding is approved: ____________________________