



**PARTNERS
IN EXCELLENCE**

Working together for the betterment of St. Paul's Hospital



St. Paul's Hospital



PARTNERS IN EXCELLENCE APPLICATION FORM (2023-2025)

If you are a St. Paul's Hospital physician or employee with a great idea to improve patient care at St. Paul's Hospital, we want to know about it. Each year, St. Paul's Hospital Foundation sources new ideas for fund raising projects for our Hospital. We have found that the most successful projects are when Hospital employees and physicians suggest visionary projects that significantly and positively impact patient care. SPH Foundation will review your great idea and determine if it qualifies as a fund raising project. Simply complete this Partners In Excellence application form and submit it by the application deadline. We operate on a 3-year fundraising plan and are currently accepting proposals for 2023-2025.

DEADLINE FOR SUBMISSION for Consideration: *March 10, 2023 at 12 noon.*

APPLICATION CHECKLIST:

- ☐ I have answered all questions on this application form.
- ☐ I have included a list of all supplementary information that will accompany this application.
- I have secured my all necessary approvals.
- ☐ I have reviewed this project with Building Services
- ☐ I have requested my Department Manager to add project equipment to the **Capital Needs Assessment List**.

APPLICANT INFORMATION

1. Provide your **PROJECT NAME**: _____

2. APPLICANT INFORMATION

You must provide a **Primary Applicant** and a **Secondary Contact** for the project.

Primary Applicant Name: _____

Position: _____

Department: _____

Phone Number: _____

Email: _____

Secondary Contact Name: _____

Position: _____

Department: _____

Phone Number: _____

Email: _____



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ELIGIBILITY

3. COST

Does your Project Cost a minimum \$25,000.00?

☐ Yes ☐ No

If you checked NO, your project is ineligible. If your project costs less than \$25,000, you may wish to consider applying to the Foundation Draws (see sphfoundation.org under *Programs and Appl. Forms*).

4. LOCATION

Is your project wholly located at St. Paul's Hospital in Saskatoon?

☐ Yes ☐ No

If you checked "No", and you still consider it to be a St. Paul's Project, please provide further explanation about the project's relationship to St. Paul's and why SPH Foundation should help fund your project. Further Explanation: _____

5. OVERDUE PROJECTS

Does your Department or Unit have Overdue Projects or Project Reports with our Foundation:

☐ Yes ☐ No

If your department is currently involved in a fund raising project with St. Paul's Hospital Foundation and that project has been delayed or there are outstanding progress reports due, your department **may be INELIGIBLE** to submit new applications until this situation has been resolved. Please contact the Foundation office if you are unsure of your department's status.

6. SUBMISSION

Has your project been submitted to Partners In Excellence before? Projects that have been previously submitted **WILL BE** eligible to be re-considered, provided you indicate the previous year you applied:

☐ New Project ☐ Previously Applied, indicate year _____

7. CAPITAL EQUIPMENT LIST

If this project includes the purchase of equipment, has your Department Manager submitted it for inclusion, or is it already included on the **Approved Capital Equipment List**? *Check one and provide further explanation if necessary. If you don't know the answer, ask your Manager for assistance.*

☐ Yes ☐ No

Further Explanation: _____

8. ADDITIONAL OPERATING EXPENSES

Has Saskatchewan Health Authority approved operating expenses that will be incurred as a result of this project's realization (such as disposable materials costs, operational costs or otherwise).

☐ No ☐ Yes Specify: _____



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APPROVALS

9. This Partners In Excellence application **MUST** be approved by your St. Paul's Hospital Department **Manager, Director and Executive Director**. Physicians applying to the Partners in Excellence Program must have the approval of Provincial Department Head, Area Department Lead and Area Division Lead. Not only must they understand the ramifications of the project, but also the capital and operational implications of your project. Your application **will not** be complete if you do not have the necessary, applicable approvals. All applications require the approval of SPH Executive Director.

APPROVALS (all 3 required)			
TYPE	Name	Title	Signature
<i>SPH Staff</i>			
Manager responsible for your program area			
Director			
ED			
<i>Physician Applications:</i>			
Provincial Department Head			
Area Department Lead			
Area Division Lead			
<i>ALL</i>			
SPH Executive Director			

PROJECT DETAILS

10. PROJECT SUMMARY

Briefly summarize your project. Please include the following information:

- Outline the nature of the project, its goals, and summarize the work plan required to complete your project. _____



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- What current area of excellence will this project advance? _____

- Describe how this project will improve the care, experience and health outcomes for patients or other beneficiaries, including improvements to work flow and the timely delivery of care (attach any relevant data to support the request). _____

- Parts of your project summary may be used to create communications that explains your project to potential donors, so it is also important to summarize your concept in language that is easily understood by a non-medical person. _____

PROJECT BUDGET

11. SOURCES OF FUNDING

Specify all potential and confirmed sources of funding, including the amount you hope to achieve from St. Paul's Hospital Foundation. Add more rows if necessary. Type n/a if not applicable.

Funding Body	Province	Application Date	Amount Requested	Confirmed (Yes or No)
SPHF Partners In Excellence	SK	March 25, 2022		Unconfirmed
SHA				

12. PROJECT EXPENSES

Please indicate your estimated project expenses in the following table. Complete all columns and provide further explanation if you wish.

Estimated Project Expenses	Description	Estimated Amount (Canadian Dollars)
Capital Planning Expenses		
Renovation Expenses		
Equipment Expenses		
Other (specify):		
Total Estimated Project Expenses		

List the project estimates/quotes below, and attach them to your application. Add as many rows as necessary.



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ESTIMATE FROM	AMOUNT	FOR

13. Many projects requiring equipment installation or renovations will require the cooperation and support of Building Services. Please outline whether Building Services has been consulted and provided any feedback for renovations and capital projects.

14. EQUIPMENT TYPE

Is the equipment required for your project new to the Hospital, or a replacement? (*Check one and provide further explanation if necessary*)

☐ New ☐ Replacement Further Explanation: _____

15. YOUR PROJECT AND ST. PAUL'S HOSPITAL

Explain how this project aligns with St. Paul's Hospital's mission, core values and vision for a community of health, hope and compassion for all. (It may be helpful to think about why this project is occurring at St. Paul's Hospital as opposed to other hospitals within the SHA). Please see attached Mission, Vision and Values

16. YOUR PROJECT AND SASKATCHEWAN HEALTH AUTHORITY

Explain how this project supports or advances the vision and mission of the SHA.

17. PROJECT PARTNERS

List any additional partners, hospital representatives, group members, community members or associations engaged in the project, if applicable. Type n/a if not applicable.

Partner Name	Role with the Project	Telephone number and Email

18. Will other departments be impacted by the project (negatively or positively?) If yes, please provide details. Remember, one's ideas can often impact another's service. Consultation with colleagues who may be impacted should occur prior to submission of application.



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19. SUPPLEMENTARY MATERIAL

Please attach any supplementary information you think would be helpful, such as a detailed budget, project summary, testimonials, marketing materials, etc. Name all of your attachments in the table below. Add more rows if necessary.

Name of Document or item	Description

20. PROPOSAL PRESENTER(S)

If your project is selected to move forward, you will be required to present the project to the St. Paul's Hospital Foundation Board of Directors. Who will be presenting your project?

Proposal Presenter Name: _____

Position: _____

Department: _____

Phone Number: _____

Email: _____

21. I agree that I have completed this application to the best of my ability.

Applicant Name: _____ Signature: _____ Date: _____

THANK YOU FOR YOUR APPLICATION!

SUBMIT YOUR APPLICATION

The deadline for submission for consideration of funding is **March 10, 2023 at 12 noon.**

SPH employees are encouraged to submit PIE applications throughout the year for future consideration.



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You can submit your application by:

- **Emailing** it to info@sphfoundation.org,
- **Printing and delivering** it to St. Paul's Hospital Foundation Office (located on the ground floor to the left of the Main Entrance of St. Paul's Hospital) between 8 am and 4 pm Monday to Friday
- **Printing and mailing** it to St. Paul's Hospital Foundation, 1702 20th Street West, Saskatoon, SK S7M 0Z9. Mailed submissions must be **postmarked no later than March 10, 2023**.
- If you have any questions, please call Mariette at the Foundation 306-655-6027.

NEXT STEPS

- SPHF will notify you of the status of your application by June 30, 2023
- If your application is accepted to move forward, you may be called upon to present your project to the SPH Foundation Board of Directors for approval.
- Fund raising for successful projects will commence between 2023 & 2025
- Fund raising must be complete in its entirety before project expenditures commence.