St. Paul's Hospital Foundation Annual Draws



GUIDELINES

Purpose: To benefit St. Paul's Hospital patients, families and staff by providing departments with minor

equipment items or program costs that have no alternate funding.

Amount: Up to \$125,000 to be awarded by Draw June 22nd.

Individual grant categories #1: \$100 to \$2,500

#2: \$2,501 to \$10,000

#3: \$10,001-\$25,000 (One annual draw)

Eligibility: Departments or services located at St. Paul's Hospital are eligible.

Applicant: Any SPH staff may apply with approval of their department or unit manager.

Process: The department or unit manager must coordinate and submit all department applications. There is a

limit of 1 request for each category per department or service. Requests cannot exceed the category limits. Materials Management cost quote for each item and a needs statement must accompany each application. Please ensure taxes (PST/GST), shipping and installation costs are included and

identify any quotes that are in US funds.

How to Apply: Pick up one application form for each request at St. Paul's Hospital Foundation office or online,

<u>www.sphfoundation.org</u>. All department applications must be submitted together, along with approval from the general manager, professional leader or director. *Incomplete forms will not be*

processed.

Criteria: The SPHF Draws support the purchase of items that have not received capital committee approval;

equipment, items and programs with no alternate source of funding. Ongoing operational costs will

not be funded. **Event** and **renovation** applications are no longer accepted.

Eligible requests will have a direct benefit in at least one of the following areas:

1) Patient care; 2) Patient and/or family comfort; 3) Staff safety and/or improved working conditions. The committee may decline a request if there is not sufficient documentation or evidence to confirm

the benefit of the request.

Draws: The Draws Committee will review applications to ensure they meet the awards criteria. The

Committee will have representation from SPH staff, SPHF staff and board. Dependent on applications received and committee decision, all grants will be selected by random draw. Committee decisions are

final.

Deadline: Applications must be in the Foundation Office by 4:00 p.m. **May 14**th.

Once approved, items must be ordered by July 30th.

Questions: Contact SPHF staff - Mariette Jean at 6027, mariette.jean@sphfoundation.org



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APPLICATION FORM (for equipment/program costs that have no alternate funding source)

Department/Service:				
Applicant Name and Position:				
Phone: Er	Email:			
Equipment or Project summar	y :			
Total cost requested (must inc	lude PST/ GST, s		ation, etc.): this a Covid-19 related re	
Have annual operating costs or (Check one and provide further ex	•	ating costs bee		-
☐ None required	□Yes	□No		
Type of item:	□Equipment	□Furniture	\square Programming	
Benefits : □ Patient care □ Patient/Family comfort □ SPH Employees safety/work conditions				
□ Category #1 - \$100 to \$2,500 (not to exceed \$2,500) □ Category #2 - \$2,501 to \$10,000 (not to exceed \$10,000) □ Category #3 - \$10,001 to \$25,000.(not to exceed \$25,000)				
this project will improve the co for our health care providers.	are, experience d	and health outc	omes of patients or impi	eeds statement illustrating how rove the working environment
Department Manager:				
Phone:	Email:			
Signature:				
General Manager/Director/Pro	fessional Leader	:		
Phone:	Email:			
Signature:				

A separate application form must be used for each request.

Applications will not be accepted without item quote and needs statement. **Deadline for applications is May 14th, 2021 before 4:00 pm**. Draws will be made June 22th. Please submit complete applications to SPH Foundation Office, SPH Main Floor.

Thank you to our donors for making these awards possible.