



**PARTNERS  
IN EXCELLENCE**

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



St. Paul's Hospital



**PARTNERS IN EXCELLENCE  
APPLICATION FORM (2020-2022)**

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 2020-2022.

**Annual DEADLINE FOR SUBMISSION: *March 6, 2020 at 12 noon.*** Late applications will be held for the following year.

**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 **Manager, Director and Executive Director Approvals.**
- I have requested my Manager to add project equipment to the **Capital Needs Assessment List.**

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**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 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 **Manager, Director and Executive Director**. 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 all three approvals.

APPROVALS (all 3 required)			
TYPE	Name	Title	Signature
Manager responsible for your program area			
Director			
ED			

## 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. \_\_\_\_\_  
\_\_\_\_\_
- 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. \_\_\_\_\_  
\_\_\_\_\_
- 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 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.

<b>Funding Body</b>	<b>Province</b>	<b>Application Date</b>	<b>Amount Requested</b>	<b>Confirmed (Yes or No)</b>
SPHF Partners In Excellence	SK	March 6, 2020		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.

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

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

<b>ESTIMATE FROM</b>	<b>AMOUNT</b>	<b>FOR</b>

### **13. 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: \_\_\_\_\_

### **14. 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).

### **15. YOUR PROJECT AND SASKATCHEWAN HEALTH AUTHORITY**

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



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**16. 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

**17. 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

**18. 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: \_\_\_\_\_

19. 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 is **March 6, 2020 at 12 noon.**



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You can submit your application by:

- **Emailing** it to [info@sphfoundation.org](mailto: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 20<sup>th</sup> Street West, Saskatoon, SK S7M 0Z9. Mailed submissions must be **postmarked no later than March 6, 2020**.
- If you have any questions, please call Mariette at the Foundation 306-655-6027.

## **NEXT STEPS**

- **You will be notified of your Project Status by April 30, 2020.**
- If your application is accepted to move forward, you will be required to present your project to the SPH Foundation Board of Directors for approval.
- Approved projects will be announced at the 2020 Foundation Professional Development Awards during 2020 Mission Week in October.
- Fund raising for successful projects will commence between 2020 & 2022
- Fund raising must be complete in its entirety before project expenditures commence.