



## Special Project Funding Application Form

For applications over \$5,000, deadline is May 15, 2018; all other applications will be reviewed as received & on an ongoing basis. Applications for building or equipment maintenance or upgrades, and capital equipment for PAH will **not** be considered.

Projects considered for funding will provide one of the following:

- Patient comfort
- A service which can grow and develop or support an existing program
- Seed money for a NEW project or program
- Medical research through, or partnered with, a recognized institution

The project/program must:

- Enhance healthcare or outcomes for community members
- Promote a healthy lifestyle
- Not meet eligibility for a Healthy Community or McCracken grant
- Not normally be funded by FHA

Equipment requests must go through the FHA annual capital equipment process. For individual requests for education/conference support, please use the Staff Education Funding Application ([www.pahfoundation.ca/grants](http://www.pahfoundation.ca/grants)).

Complete **all** sections and signatures. Incomplete applications will not be considered.

Name of Project: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Date funds are needed: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

*Peace Arch Hospital Foundation (PAHF) respects your privacy. For more information on our privacy policy, visit [www.pahfoundation.ca](http://www.pahfoundation.ca)*

1. Provide an overview of the project:



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2. Describe the impact or benefit to patient care or the community:
  3. Detailed project budget including other funding sources and how any related operating costs will be funded (Note: the Foundation does not fund operating costs):
  4. What is the timeline to achieve your objectives?
  5. Is FHA currently funding similar program/project elsewhere? Explain.
  6. Has this project been submitted to FHA for funding? If not, why? If yes, explain why it did not qualify for funding.
  7. Describe the metrics used to measure the anticipated outcomes.



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8. Describe the plan for recognition/acknowledgement of the Peace Arch Hospital Foundation, if funding is received.

**MANDATORY** approval by program director and PAH Executive Director or designate (if PAH Project):

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_

**APPLICANT'S Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*By putting my name on the signature line above (hard copy or typing in e-doc), I hereby agree to abide by all decisions of the PAHCH Foundation, that all funding decisions are final. All application material becomes the property of PAHCH Foundation for its use or release of same material for any purpose including publicity and funding agencies shared databases. All funded proposals are expected to file a report within three months of completion of the project or within six months of receiving the first installment of funds (whichever is appropriate).*

**Please submit your form to:**

Ashley McGuire, Community Engagement Coordinator  
Peace Arch Hospital Foundation  
15521 Russell Avenue, White Rock, BC V4B 2R4

Phone: 604.535.4520

Fax: 604.541.5820

Email: [ashley@pahfoundation.ca](mailto:ashley@pahfoundation.ca)

Foundation Office use only: Approved:  Yes  No Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Approved amount: \$ \_\_\_\_\_ Fund: \_\_\_\_\_ Project ID: \_\_\_\_\_