



The PAH/FH Community Grant program aims to assist in supporting programs, activities, renovations, minor equipment etc. that enhance the quality of patient care, or staff experience within the White Rock South Surrey region. Applications are accepted on an ongoing basis, with those over \$5,000 being reviewed twice annually on pre-determined dates. Please review the intake periods closely.

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

The project/program MUST:

- Enhance healthcare of outcomes for community members
- Promote a healthy lifestyle
- Not meet eligibility for a McCracken Endowment Fund Grant
- Not normally be funded by Fraser Health Accounting

*All capital equipment funding requests must go through the FHA annual capital equipment process. For individual requests for education/conference support, please use the Staff Education Grant Application.

Intake Periods (for applications exceeding \$5,000)

Intake One Deadline: May 1, 2019

Intake Two Deadline: November 1, 2019

**Applications under \$5,000 are reviewed as received on an ongoing basis.*

Complete all sections and signature. Incomplete applications will not be considered.

Project Name: _____

Amount Requested: \$ _____

Date Funds are needed: _____

Applicants Name: _____

Position: _____

Department: _____

Phone: _____

Email: _____

Have you received funding through a PAHF grant before? Yes No

If yes, provide project name: _____

Do you currently have an active grant with PAHF? Yes No

If so, please provide project name: _____



1. Provide an overview of the project

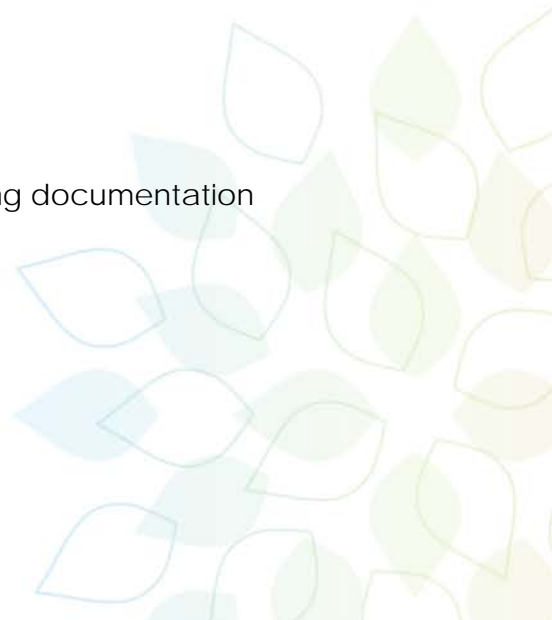
2. Explain the estimated timeline of your project



3. Describe the impact of benefit to patient care or the community

4. Provide a detailed project budget. Include how related operating costs will be funded, if any. (note: The Foundation does not fund operating expenses)

5. Attach detailed budget (excel format) and supporting documentation (invoices, estimates, receipts etc.)



6. Outline additional funding sources you have explored or secured

7. Is FHA currently funding a similar program/project elsewhere? Explain.

8. Has this project been submitted to FHA for funding? If not, why? If yes, explain the funding decision.



9. How will this project/program move forward if the requested funding is not received?

10. Describe the metrics used to measure the anticipated outcomes

11. Explain your plan to ensure sustainability of your program/project



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

APPROVALS

Approval from a Program Director and PAH Executive Director or designate is required.

Name: _____

Position: _____

Approve: Yes No

Signature: _____

Date: _____

Name: _____

Position: _____

Approve: Yes No

Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

By putting my name on the signature line above (hard copy or electronic), I hereby agree to abide by all decisions of the PAH Foundation, that all funding decisions are final. All application material becomes the property of PAHF 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
E-mail: ashley@pahfoundation.ca

Foundation Office use only: Project ID: _____

Approved: Yes No

Date: _____

Approved Amount: \$ _____

Received: _____

Signature: _____

