



The Peace Arch Hospital/Fraser Health Community Grant program aims to assist in supporting programs, activities, renovations, minor equipment etc. that enhance the quality of patient comfort and 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 and **PAH & FH Grant Application Guidelines** prior to applying.

\*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)**

January Intake Deadline: January 3, 2020

August Intake Deadline: August 7, 2020

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

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

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

Amount Requested: \$ \_\_\_\_\_

Date Funds are needed: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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

Department: \_\_\_\_\_

Phone: \_\_\_\_\_

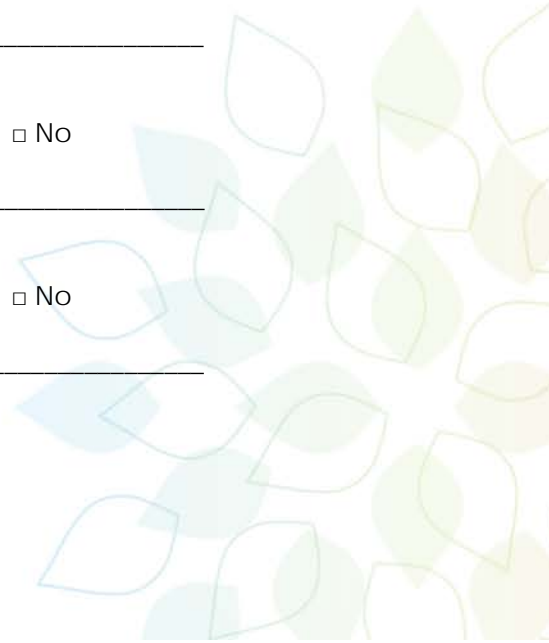
Email: \_\_\_\_\_

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

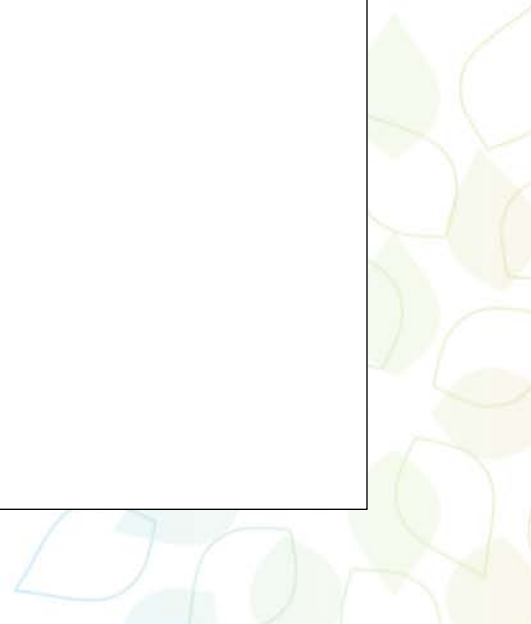
If so, please provide project name: \_\_\_\_\_



1. Provide an overview of the project

2. Explain the estimated timeline, and implementation plan for your project

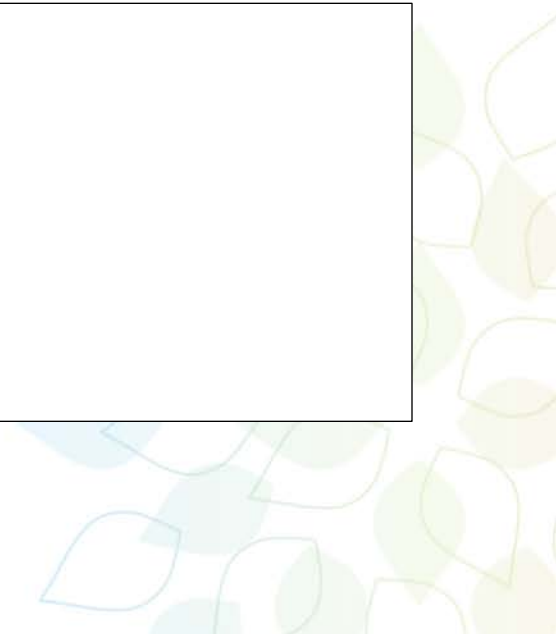
3. Describe the impact or benefit to patient care, Peace Arch Hospital, or the community



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

5. If necessary, attach a detailed budget (excel format) and supporting documentation (invoices, estimates, receipts etc.)
6. *For equipment requests only:* Is this item currently on the Peace Arch Hospital Capital Equipment list?  Yes  No
7. Outline additional funding sources you have explored or secured

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

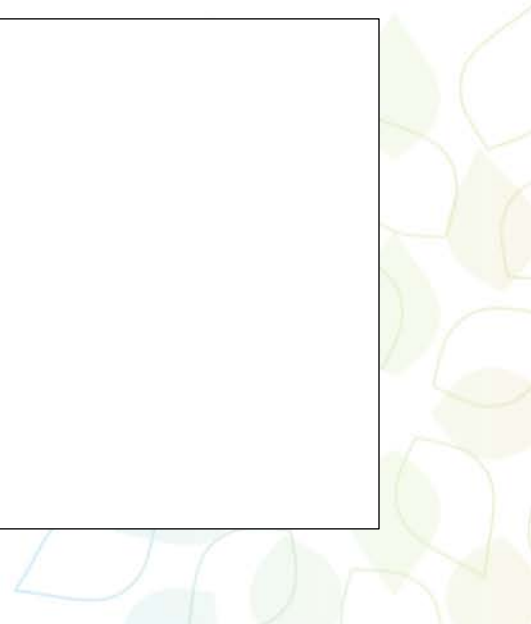


9. Has this project been submitted to FHA for funding? If not, why? If yes, explain why it did not qualify for funding.

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

11. Explain your plan to ensure sustainability of your project

12. How will success of this project be measured? Describe the metrics used to measure the anticipated outcomes



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

**MANDATORY APPROVALS**

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

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Approve:  Yes  No Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Approve:  Yes  No Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

**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 of release of same material for any purpose including publicity and funding agencies shared databases.*

**Please submit to:**

Amy Westen, Special Projects Officer  
Peace Arch Hospital Foundation  
15521 Russell Avenue, White Rock, BC V4B 2R4  
Phone: 604.535.4520  
Fax: 604.541.5820  
E-mail: [amywesten@pahfoundation.ca](mailto:amywesten@pahfoundation.ca)

Foundation Office Use Only:	Received: _____	Project ID: _____
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fund: _____	Approved Amount: \$ _____
	Date: _____	Signature: _____

