PEACE ARCH HOSPITAL + COMMUNITY HEALTH FOUNDATION

PAH & FH COMMUNITY GRANT APPLICATION FORM

(formerly Special Project Grant)

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 $10,000 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 $10,000)

January Intake Deadline: February 17, 2027 at 4:00pm
August Intake Deadline: September 15, 2027 at 4:00pm

Applications under $10,000 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 from a PAHCHF grant before? □ Yes □ No

If yes, provide project name: _____

Do you currently have an active grant with PAHCHF? □ 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 PAHCH Foundation, that all funding decisions are final. All application material becomes the property of PAHCHF for its use of release of same material for any purpose including publicity and funding agencies shared databases.

Please submit to:
Amy Cross - Manager, Community Partnerships
Peach Arch Hospital Foundation
15521 Russell Avenue, White Rock, BC V4B 2R4 Phone:
604.535.4520
Fax: 604.541.5820
E-mail: amycross@pahfoundation.ca

Foundation Office Use Only: *Received:* _____ *Project ID:* _____
Approved: □*Yes* □ *No* *Fund:* _____ *Approved Amount: $*_____
Date: _____ *Signature:* _____