**PATIENT SERVICES FUNDING REQUEST FORM**

**Due Dates: *On-Going Funding Requests* - Applications will not be received after January 31st**

***One-Time Funding Requests* - Applications will not be received after April 30th**

**Instructions:**

1. Carefully read the criteria below to ensure that your project is eligible for funding. If you are unsure, please contact Tina Cooper, Executive Director, at extension 76585 or e-mail tcooper@hhsc.ca.
2. Complete this application ensuring that every question is answered. Incomplete applications will be returned.

Ensure that all attachments are included, including information about the program, and written quotes from Hamilton Health Sciences Purchasing or Engineering Department in order to ensure that requests meet hospital standards and that quotes reflect best pricing. Please specify whether the quote for labour charges is the regular or overtime rate. **Quotes *must* be valid through July 15, 2019.**

1. Sign and date the application form and also have the application signed by your department’s **Director or Vice President**. This indicates that Hamilton Health Sciences approves the Volunteer Association funding this request.
2. Keep a copy of the application for your files. If successful, you will be required to attach a .pdf of the quotes(s) through the electronic requisition to purchase process.
3. Send completed application and supporting documents to the attention of: Sandra Starr, Board Coordinator, Volunteer Association, Administration Office, 688 Concession Street. Electronic versions are encouraged. starrs@hhsc.ca. Please do not scan this cover page.
4. Completed applications for funding that meet the criteria will be reviewed by the Board of Directors at its February (On-going) or May (One-time) Board meeting. Following the funding decision by the HHSVA Board of Directors, you will be notified within the following month regarding the decision.

**Criteria for Funding:**

Through the patient services funding program, the Volunteer Association provides funding that enhances the **comfort and care** of patients within Hamilton Health Sciences. **Ongoing** funding requests are annual requests for items or patient programs anticipated to be required year after year – for example, supplies for patient activities, recreational therapy materials, etc. **One-time** funding requests are intended for items anticipated for longer-term use such as roho cushions, blanket warmers, wheelchairs and walkers. Maximum three requests per department.

It is not the role of this program to provide funding for:

• surgical/diagnostic/medical equipment or supplies • standard building maintenance

• staff salaries, equipment or education • seasonal decorations

• office equipment or supplies • publications or printed material

One time and ongoing patient services funding requests are available for qualifying items up to $15,000.

**PATIENT SERVICES**

**FUNDING REQUEST FORM**

**Contact Information** (please print clearly)

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

Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extension: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@hhsc.ca

Level/Floor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Manager Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext: \_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_@hhsc.ca

Special Instructions or mailing address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Type of Funding Request:**

1. One Time Funding: **Last day applications will be received is April 30th**

 ❒ Funds Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funds to be Utilized for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* If submitting additional request(s), please indicate the priority of this request in relation to other request(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
1. On-going Funding: **Last day applications will be received is January 31st**

❒ Funds Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (annual cost)

Funds to be Utilized for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a) Is this: New ❒ or Annual Renewal ❒

b) Timing of Payment: Annually ❒ Bi-Annually ❒ Quarterly ❒

* If submitting additional request(s), please indicate the priority of this request in relation to other request(s):

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1. Describe project in detail (attach a description of your department/program).

2. Has this project been proven to provide benefit to patients? Describe the benefits to patients. What evidence/experience do you have to support your claim? How many patients will benefit? How many dollars will be spent on each patient or bed (if applicable)? Has this project been proven?

3. How will your staff benefit?

4. Who will take responsibility for maintenance?

1. Completely and fully identify the cost of this project. This application must include current written estimates and/or quotes from Hamilton Health Sciences Purchasing or Engineering. Please specify whether the quote for labour charges is the regular or overtime rate. If this is an On-going Funding Request, please identify the cost per year for the program and the cost per patient or bed if applicable.

**Please** **Note:** Funding will be approved only for the amount requested. Additional costs will be borne by the department making the request.

 Does this include installation costs? Taxes?

1. Have you sought funding from Hamilton Health Sciences or other sources? Which sources?

What was the outcome? Please specify and provide details.

7. If funding for furniture is being requested, I have contacted a HHS Capital Development Site Leader to ensure that the furniture meets hospital standards, prior to getting the written quote from Purchasing: ❒

8. Documentation Checklist

I have attached a recent written quote **obtained through** one or both of the following:

Hamilton Health Sciences Engineering Department: ❒

Hamilton Health Sciences Purchasing Department: ❒

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**Signature of Applicant Date**

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**Signature of Director or Vice President Date**