

The Thunder Bay Regional Health Sciences Foundation Family CARE (Care Advancement Recommended by Employees) Grant Application Form

Family CARE Grants can be used to improve the care you give every day. Listen for patient and family suggestions when brainstorming ideas. Initiatives that improve the care we can provide will benefit us all!

Grants awarded for up to \$4,000 per application.

Eligibility:

The following criteria apply to all Family CARE Grant requests. Funded grants generally fall into one of these categories:

1. Patient and staff items that cannot be funded by other sources.
2. Items that will enhance the workplace environment.
3. Support for the Patient and Family Centered Care model.
4. Enhancement of internal health programs offered by the Thunder Bay Regional Health Sciences Centre.

Ineligible:

The following will **not** be considered:

1. Single use and consumable items such as bus/taxi vouchers, food vouchers and give away items etc.
2. Conferences/workshops/training.
3. Health professional development and research.
4. iPads, digital cameras, printers, and other tech equipment.
5. Books, publications, manuals, and pamphlets for staff use.
6. Items solely for staff use i.e. break room fridges, couches, microwaves, staff recognition, etc.

Application Procedure:

IMPORTANT NOTE: EACH REQUEST MUST BE ON A SEPARATE FORM

1. Complete the Application Form. All required sections and signatures are mandatory. Applications that do not include this information will not be considered.
2. Submit **EIGHT (8) hard copies and one (1) electronic copy (.doc or .pdf)** of your application to Laura Andricciola in the Thunder Bay Regional Health Sciences Foundation office by **Friday October 18, 2024, 4:00 p.m.** to room 2232 (Foundation President's Office), located beside the Cancer Centre Main Lobby Entrance.
3. Submissions that do not meet the eligibility criteria outlined above will not be considered.
4. All equipment requests must be in compliance with building stipulations and must be supported and serviced by the Thunder Bay Regional Health Sciences Centre.
5. If approved, successful applicants **must submit their invoice for the purchased item prior to December 31st, 2025**. Please note that the Foundation is only able to advance payment to the Thunder Bay Regional Health Sciences Centre, **not** individuals.

If you have any questions, please contact Laura Andricciola, Executive Coordinator at ext. 7276 or by email at laura.andricciola@tbh.net.

2024 Thunder Bay Regional Health Sciences Foundation Family CARE Grants Application

A complete application must include ALL required signatures, a description of the project/item, and cost breakdown in Canadian dollars (incl. taxes). **Applications that do not include this information will not be considered.**

Remember: EIGHT (8) hardcopies and ONE (1) electronic copy of your application are due in the Thunder Bay Regional Health Sciences Foundation Office by **October 18, 2024 @ 4:00 p.m.**

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Application Check List:

Description of Item/Project	
Description of impact/outcome	
Price Quotation attached	
All Required Signatures	

Program/Department

Name and Title of Person Completing This Form

Extension

Name and Location of Principal Beneficiary if Other Than Applicant

Equipment, Capital Improvement and/or Furniture Requests

ALL requests for equipment, capital improvement and/or furniture must have specific item cost and taxes confirmed with the Purchasing Department in Canadian dollars and be in compliance with the Thunder Bay Regional Health Sciences Centre standards. Attach price quote, including all taxes, shipping and delivery. Please include a purchase plan for all items.

Description of Equipment, Capital Improvement and/or Furniture:

\$ _____

(Total in Canadian dollars including taxes, delivery etc.)

Partial Funding:

If we were to partially fund your grant request, would you still be able to purchase the equipment/complete the project? (Please circle) Yes No

Previous Family CARE Grant Funding:

Please briefly note any previous Family CARE Grants to your area. _____

Implementation, Use & Impact: (please attach additional pages as necessary)

What, if anything, is the current practice in lieu of this/these item(s)?

How will the item improve patient care? (extra writing space on next page)

How often do you anticipate it will be used? (Please circle) Daily Weekly Monthly

What is the lifespan of the item? _____

What is the overall impact (i.e. number of patients affected) on the Thunder Bay Regional Health Sciences Centre if this request is funded?

Signatures

IMPORTANT NOTE: To be signed AFTER forms are completed.

The application must be endorsed by the Executive Vice President AND Program Director.

_____ Applicant Name - printed	_____ Applicant - signature	_____ Date
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_____ Patient & Family Advisor - print	_____ Patient & Family Advisor - signature	_____ Date
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_____ Program Director/Manager - print	_____ Program Director/Manager - signature	_____ Date
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_____ Executive/Vice President - print	_____ Executive/Vice President - signature	_____ Date
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