REQUEST FOR FUNDING

The HEALTH FOUNDATION OF EAST CENTRAL SASKATCHEWAN, INC.

Reference No: _____

CONTACT DETAILS

Department/Unit : _____

Facility : _____ Date : _____

Submitted By : _____ Phone Number : _____

FUND ALLOCATION

This category is divided into two columns. If you require funds for equipment, please fill in the left column. If you require funds for education, please fill in the right column. If you require funds for equipment AND education, please fill in both columns.

Equipment

Equipment Name:

_____

Briefly describe equipment:

How many patients will be impacted?

_____

Is this equipment on capital list as a priority?

Yes ☐ No ☐

Why is this equipment needed now?

When do you expect this equipment to be in use after approval?

_____

_____ _____ _____

Unit Cost GST PST

Education

Course:

Is this a hard to recruit position?

Yes ☐ No ☐

Cost: _____

Course start date:

SHA employee name:

_____

ATTACHMENTS

All applications **must have** the following attached: a proposal or description, a materials management quote, a space and planning consultation, a Facilities Planning approval (for renovations), SHA Operating approval (for equipment, if applicable), a note on whether or not there are trained staff (for equipment), and a list of the extra charges (taxes, shipping, customs, foreign exchange, construction, assembly, installation, etc) that are included, or have been calculated and added to the total cost (overages will not be paid).

Please use the list below to confirm your attachments with a ✓:

- ☐ Proposal or Description
- ☐ Materials Management Quote
- ☐ Space and Planning Consultation
- ☐ Facilities Planning Approval
- ☐ SHA Operating Approval
- ☐ Trained Staff Note
- ☐ Cost Breakdown

SIGNATURES

Applicant's name and phone number (please print) _____ Signature _____

Director's name and phone number (please print) _____ Signature _____

FOR OFFICE USE ONLY

Date Received: _____

Board Meeting Date: _____

Date Approved: _____

Fund Account: _____

Date SHA Notified: _____

Declined: _____

Funding Expires: _____

(funding cancelled one year from date of approval)

Reason: _____