



**RIDGE MEADOWS
HOSPITAL FOUNDATION**
SUPPORTING THE BEST IN HEALTH

IMPACT GRANT APPLICATION FORM

The information requested in this **application must be completed electronically** with the exception of signatures, which must be originals. To enter information, place cursor in the “field”. To advance to the next “field” simply tab. When complete, save your document, and print a hard copy for signatures and submission.

Department:

Title of Proposal:

Total Funds Requested: (including taxes, shipping & handling)

PRINCIPAL APPLICANT

Full Name:

Position:

Department:

Health Authority:

Facility Address:

Phone:

Email:

Principal Applicant Signature: _____

Original Signature Required

CO-APPLICANT (if applicable)

Name:

Title:

FACILITIES, MAINTENANCE & OPERATIONS (FMO) APPROVAL *(if installation/electrical/plumbing/carpentry is required this cost must be factored into the grant or paid for by the department)*

By my signature, I hereby certify that this request is approved by FMO at Ridge Meadows Hospital.

Name:

Position:

Signature: _____

Original Signature Required

1. Summary of proposal

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2. Objectives of proposal (include impact, quality and projected usefulness of the project)

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3. Budget (Be precise and detailed; include feasibility; justify all expense items; quotes must be included for equipment above.) Please attach budget to application.

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4. Expected benefits/concerns if proposal is unfunded (include potential for impact or benefit to staff, our patients and or the community)

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DEPARTMENT HEAD APPROVAL *By my signature, I hereby certify that this is the sole request of my department at Ridge Meadows Hospital and I agree to abide by the "Application Guidelines" that form an integral part of this application.*

Name:

Position:

Signature: _____

Original Signature Required

Foundation Use Only:

Date Application Received:	
Date Application Reviewed:	
Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Decision Letter Sent:	