UNIVERSITY HOSPITALS KINGSTON FOUNDATION

University Hospitals Kingston Foundation

Grant Application Form (Feb 2019)

Grant Request Login #

1. IDENTIFICATION:

Program/Department:				Date: (mmddyyyy)	
Requested by:		Cost Centre:		Phone #:	
Email Address:					

2. PROGRAM TYPE

Education		Research		Innovation		Spiritual Care		
Patient Care		Capital Equipment		Capital Building		Other		

3. DESCRIPTION OF ITEM/SERVICE REQUIRED (Select applicable section)

3a. Education Details:

Program request		Cost	
Institution			
Conference		Incremental Operating Cost	
Location/Travel			
Other			

3b. Capital Item Details:

Item request		Capital Cost	
		Incremental Operating Cost	
Function:			

3c. All Other Program Details:

Program request		Cost	
# of Personnel			
Supplies		Incremental Operating Cost	
Sub Contract			
Other			

4. FUNDING: If Foundation funding is considered the funding source, please provide fund account name, #, and current available fund balance and articulate how purchase aligns with terms of reference of fund

UHKF Foundation fund name account #		Current available fund	
Program Start Date (mmddyyyy)		Program End Date (mmddyyyy)	

5. BENEFITS TO PATIENT POPULATION & CARE: Provide benefits to patient safety or patient care (qualitative & quantitative)

6. OPERATING BUDGET IMPACT: Please describe how incremental operating costs identified above will be accommodated in program/department operating budget?

7. HOSPITAL APPROVAL SUPPORT FOR FUNDING REQUEST (if approval not required, use N/A):

Operations/Administrative Director:		Date:	
Medical Leadership		Date:	
Program/Department VP:		Date:	
Information Management:		Date:	
Clinical Engineering:		Date:	
Occupational Health and Safety		Date:	
Maintenance:		Date:	
Hospital Finance:		Date:	

8. UHKF APPROVAL

Grant Coordinator		Date:	
President & CEO		Date:	
UHKF Board Approval		Date:	
G/L Account #		Date:	