UNIVERSITY HOSPITALS KINGSTON FOUNDATION

University Hospitals Kingston Foundation

UHKF Grant Application Form

Grant Request Number

1. IDENTIFICATION:

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

2. PROGRAM TYPE

Staff / Physician Comfort		Capital Equipment		Education		Innovation	
Patient Care / Comfort		Capital Building		Research		Other	

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

Grant Request	**Cost**
Program Request	
Item Request	
Confrence	
Location/Travel	
Supplies	
Other	
	Incremental Operating Cost

3b. Capital Items Details:

Item Request	**Capital Cost**
	Incremental Operating Cost
Function:	

4. FUNDING: Please provide Foundation fund account name, Project ID, and current available fund balance.

UHKF Foundation fund name account #	Current available fund

5. IMPACT OF FUNDING: 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) (Email approvals must be included as an attachment to this form):

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:	