



## Royal University Hospital Foundation HUG Fund Grant Criteria - \$100,000 available

### Background

Since 2006 the HUG Fund has invested over \$1.5 million of donor support for the “softer” side of care. HUG Fund Grant requests must improve care for patients, family members or visitors during a hospital stay or improve support-staff and medical teams’ morale. The HUG Fund is supported through generous donations to the Royal University Hospital Foundation by individuals, family foundations and corporate donors including Orano’s Wish Fund, and other RUH Foundation designated funding.

### Maximum Grant

The amount of funding available and number of grant requests received may necessitate limiting the amount granted.

### What Does HUG Fund?

The HUG Fund will provide funding to RUH departments and units for:

- Equipment, furniture or items (usually under \$5,000) that are not on, or may not be funded through, the SHA capital equipment list and items to which department operating and designated funds are not available. **Note: Check with your Director if donor support is available through your department’s designated or trust account, please access these funds to purchase the item prior to accessing HUG funds.**
- Minor renovations and improvements to family rooms and waiting rooms in patient areas
- Programs or projects that improve quality of care or access to care for patients, family members and visitors to RUH
- Special initiatives to enhance staff morale
- Innovative projects. Please call to discuss your idea prior to applying for the grant.

### Who Should Apply?

- **Please provide a compelling case for support including stats, information and photos for the HUG Fund Granting sub-committee to evaluate why your request is important and should be funded.**
- Any staff member may apply with the **approval** of his/her department or unit **Manager and Director**. **Note: applications without both signatures will not be reviewed.**
- Priority will be given to requests **with no** alternate source of funding and/or applications demonstrating matching funding.
- Partnerships between patient care groups are encouraged.
- **Only one application from the same Department or Unit will be accepted at each intake.**

### Who is Eligible?

- Any department or program located at RUH, or historically considered a part of RUH is eligible to apply. This includes, MHAS Youth Services, and Calder Centre, and Brief and Social Detox.
- **Applications must include Materials Management quotes.** Retail quotes will not be accepted unless approved/obtained by Materials Management. When seeking a quote for HUG items, please contact the **purchaser for your department** to obtain an approved quote. **Shipping, taxes, brokerage as well as any other fees must be added on to this quote.**

### What is Not Eligible?

- If you have received a previous HUG Grant and have not returned your evaluation form
- Items that would benefit only a single patient, individual staff, education or training
- Applications that do not include quotes approved by Materials Management
- Equipment that triggers maintenance obligations (unless you have signed approval from SHA)
- Applications that provide an estimated cost. In order to avoid over/underfunding, we will only accept exact quotes.
- Staff room renovations and or furniture as per SHA space policy

### How will the HUG Grants be reviewed and awarded?

- Grants are adjudicated by the RUH Foundation HUG Grant subcommittee, who will then recommend grants to be funded to the RUH Foundation Granting Committee. The RUH Foundation Board of Directors has final approval.

### Deadlines

- Applications are reviewed twice per year (August and February) and are accepted anytime throughout the year.

Please check <https://ruhf.org/grants-scholarships/> for current deadlines  
Email applications to [info@ruhf.org](mailto:info@ruhf.org) or drop off at RUH Foundation in the RUH mall.



DEPARTMENT/UNIT and LOCATION: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_ ext. \_\_\_\_\_

**DESCRIPTION** (attach additional page if needed):

|   |  |
|---|--|
| Request Description   |  |
| Patient or Staff Group to Benefit   |  |
| <b>IMPORTANT:</b><br>Description of impact for your program, patients, their families or staff. Please include photos if this helps make your case of why items(s) are needed |  |
| Total number of people who will be impacted (patient, family and/or staff)  |  |

**COST:**

|   |    |
|---|----|
| Total Cost (Include tax, shipping, customs, foreign exchange, construction, assembly, installation) <b>Attach Quote.</b><br><b>Note: Applications without a quote will not be reviewed.</b> | \$ |
| Less: Matching Funding Available (may include your RUHF designated account)<br>Source of Matching Funding:  | \$ |
| Amount Requested  | \$ |

**APPLICATION CHECKLIST:**

| For each application please ensure the following:   | ✓ | If applicable:                                     | ✓ |
|---|---|--|---|
| Proposal or description attached  |   | Equipment: SHA operating approval attached         |   |
| Materials management quote attached   |   | Renovations: Facilities Planning approval attached |   |
| <b>Extra charges (taxes, shipping, customs, foreign exchange, construction, assembly, installation) are included OR have been calculated and added to total cost (overages will not be paid).</b> |   | Space & planning consultation attached             |   |

\_\_\_\_\_  
 Print Name & Phone # (Applicant) Signature Date

\_\_\_\_\_  
 Print Name & Phone # (Manager) Signature Date

\_\_\_\_\_  
 Print Name & Phone # (Director) Signature Date