HUG Grant Application

Incomplete applications will not be considered
For questions contact: info@ruhf.org or 306.655.1984

Department/Unit Name (please do not use numbers or acronyms):

Location at RUH or Facility location (Room Number, Unit, Building):

Application completed by:

Position:

Phone No.

Email Address:

Please ensure that each section is complete and uses layman's terms

Item Requested:

Request Details: Provide a detailed description of the equipment or project.

Case for Support: (Why is this required? What will it accomplish? What are the benefits to the Department and RUH?) Include background information and a clear, concise description of the equipment or program, its goals objectives and impact to patient care/staff morale.

Patient or Staff Group to Benefit: (area of care, specific/ marginalized populations, other specific groups etc.):

Is there an efficiency, staff time or safety issue this request addresses? If yes, please provide details.

What is the number of patients or staff members impacted by this request?

Budget: Please complete the budget below. For items not applicable, please put N/A. For all equipment or physical items, attach a quote which has been approved by Purchaser's/Material Management. If more than one item is included in the request or if the application is project based, please attach a budget spreadsheet separating out each item. **Applications without an approved quote will not be considered. Please contact the RUH Foundation if the item cannot be purchased through the typical SHA procurement process for guidance before finalizing the application.**

Equipment/ items quote total:	
Shipping total:	
Taxes total:	
Miscellaneous total:	
Total Request:	

Additional funding sources or funding applied for:

To be completed by the Manager:

Manager Statement of Approval and Support for request:

I , the Manager of have reviewed this application and support this request and the information include is accurate.

Signature: Date:

To be completed by the Director:

Director Statement of Approval and Support for request:

I , the Director of have reviewed this application and support this request and the information included is accurate. I confirm that this is the only application being brought forward by this Department/Unit and that the resources exist to support this request which may include consumables, cost over runs and operating costs.

Signature: Date: