 

Fundraising Priority Request Form

Instructions: Please complete this form for all projects with budgets greater than $100,000 for the St. Paul’s Foundation (SPF). Forward your completed request to Vanessa Low, VLow@providencehealth.bc.ca. You will receive acknowledgement of your request within one week and be provided a date of when your request will be reviewed.

Request Date:

Requested By:

SPF Assigned Request Number: (to be provided after submission received)

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| **Request Information** – What category does your request fall into? Select all that apply and provide details below.[ ]  Net new equipment[ ]  Replacement equipment[ ]  Research[ ]  Facility Renovation(Explain why a renovation should occur given the New St. Paul’s Hospital)[ ]  Redevelopment Project currently underway[ ]  Information Technology[ ]  Academic positions (Chairs, Professorships, Fellowships)[ ]  Program/Other (Describe)[ ]  Is there an integration opportunity between care, research, and learning[ ]  New or expanded space**Details:** |
| **Description of Request**What are you looking for? |

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| **Funding (provide as much detail as possible)*** What is the total amount of your request? What is the time frame (duration) for your request?
* Are there additional one-time costs (eg. facility renovation, project management)?
* Are there any ongoing operational costs (eg. staff, maintenance contracts, etc.)? If so, what is the funding source?
* Does your request require ongoing operational funding beyond the initial investment, if so what is the sustainability plan.
* Have you explored any other funding sources? (eg. have you applied for a grant; have you submitted a request via the internal capital process; are you aware of any potential donors?)
* Are there any funding matching opportunities? If no, are you aware of any organization that might consider providing funding if approached with a proposal?
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| **Justification/Impact**Why do you need this? Explain.If your request is for equipment, what is the expected lifespan of the equipment being requested? Which one or more of the following is enhanced by this request? (choose all that apply)[ ]  Care[ ]  Research[ ]  LearningExplain your choice(s) above:* + What are the outcomes for patients and/or residents?
	+ How does this improve the patient/resident experience or quality of life?
	+ What are the outcomes for Providence (eg. improved reputation; increased academic/ scientific publications etc.)
	+ How does your request support the achievement of Providence’s Mission Forward Goals?
	+ How does your request help differentiate Providence?
	+ Why should your request be supported?
	+ What is the impact of the request not being supported?
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| **Success Factors**What is required for you to be successful if your request is approved and funding is secured? |
| **Partners**Are any other areas impacted by this request? If so, how?Who else do you need to be involved if your request is approved? (eg. IT; facility; purchasing, etc.)Who at Providence endorses this request?Who at Providence would work with the Foundation to develop materials and identify potential donors to this project?Who would be the project spokesperson in SPF materials and with donors? Where does this request rank amongst other priorities in your program? |
| **Barriers**Are there any barriers to being successful if your request is approved? If so, what are they? If none, explain why? |
| **Timeline**When do you require the funding? (ie. is all the funding required up front or over time?) If you request is approved how long will it take to implement? |

Requestor Signature Phone Number

Program Director/Physician Program Director/ Phone Number Research Leader Signature of Support

SLT Executive Signature of Support Phone Number

Next Steps

Forms are reviewed periodically by the Funding Request Review Committee.

You will be notified of the decision. If approved, you will be asked to work with SPF to further develop the Case for Support for donors as well as provide reporting and stewardship information for SPF to share with donors.