Application for Internal Grant

- Facility Enhancement, Equipment and Technology
- Positive Person-Centred Experiences

TOOWOOMBA HOSPITAL foundation

Please review the Toowoomba Hospital Foundation (THF) Guidelines for Internal Grants prior to the completion of this form. Indicate choices by putting an X in the boxes provided.

PART A – Complete digitally. Email with your application.

Eligibility Check

Please complete the below in relation eligibility for grant funding

1. The initiative is of benefit to patients and is designed to improve patient outcomes, enhance health and wellbeing, and enrich the patient experience and/or environment ☐ Yes ☐ No

2. The primary or lead applicant is an employee of Darling Downs Health (DDH)

☐ Permanent ☐ Temporary

3. The initiative can be completed within 12 months of funding being approved ☐ Yes ☐ No

4. The primary applicant does not hold a current THF internal grant ☐ Yes ☐ No

5. The initiative will be completed within DDH approved sites ☐ Yes ☐ No

6. For equipment requests, is the item currently on the Darling Downs Health HTER/TIIMS list

☐ Yes ☐ No If yes, then the request is not eligible for grant funding

Please note: Line Manager support is required to submit an Internal Grants Application. Discussion should be held with the relevant Line Manager and their support obtained prior to progressing an application.

Applicant Details

Please provide the following details

Applicant Name: _____

Applicant Position: _____

Work Area/ Department: _____

Location of Work: _____

Contact Details: _____

Phone: _____ Email: _____

Have you previously received THF Grant Funding?

☐ Yes ☐ No If yes, please provide the date of grant and amount of funding _____

Category of Funding

Please identify which category of funding is being applied for below. Use the Internal Grant Funding Guidelines to determine the correct funding category.

☐ Facilities Enhancement, Equipment and Technology (it is strongly advised to check that your initiative will meet all DDH Policy and Procedure requirements before progressing)

☐ Positive person-centred experiences

Details of Project or Initiative

Please explain the initiative in non-technical language to ensure reviewers understand what is being proposed.

Provide details of the initiative outlining how gaps in service or an unmet need will be addressed by the grant. This should include the target patient group or service area that the initiative will impact and include information regarding the feasibility of the initiative and the likelihood of its success along with any relevant timelines. (350 words maximum)

Alignment with Darling Downs Health (DDH) Strategic Plan

Provide details of how this initiative aligns with DDH strategic priorities. (200 words maximum)

Positive Impacts and Benefits

Provide details of how the grant will have a positive impact for patient care. This should include any expected outcomes or impacts of the initiative, the scale of impact of the initiative, any financial or economic savings that would be realised, how success of the initiative will be measured or assessed. (200 words maximum)

Costs and Budget

Provide a budget outline which details the associated costs of the initiative. This should include details of the item/equipment requested, amount requested and total costs, in-kind contributions, justification of the budget, quotes (explain if there is only one supplier), anticipated lifespan of the item/equipment. Please note: If the application relates to the purchase of equipment for Toowoomba Hospital, evidence of alignment with the needs of the New Toowoomba Hospital is required. (100 words maximum)

Actual costs	
Course costs	
TOTAL	

Amount requested	
Course costs	
TOTAL	

Have any other funding sources for this item/equipment been received or applied for?

☐ Yes ☐ No If yes, please provide details _____

Toowoomba Hospital Foundation Acknowledgement and Promotional Activities

Agreement to participate in THF promotional activities related to grant funding

If successful in obtaining a grant the applicant agrees to engaging in relevant acknowledgement and recognition that the funding was made possible through the Toowoomba Hospital Foundation. This may include participation in photos, events and other acknowledgements.

☐ Yes ☐ No

PART B – Print and collect required signatures. Scan and email with your application.

Application Signatures

Applicant

Name: _____ Signature: _____

Line Manager

Name: _____ Signature: _____

Divisional Executive Director

Name: _____ Signature: _____

Submission Details

Please ensure you include evidence of your enrolment with your submission.

Your application should be submitted to the Toowoomba Hospital Foundation via email at: impact@toowoombahospitalfoundation.org.au

Further information including the Internal Grants Process Guidelines can be found at: toowoombahospitalfoundation.org.au/darling-downs-health-staff-hub

DDH Approvals

DDH Financial Controller

Name: _____ Signature: _____

DDH Health Service Chief Executive

Name: _____ Signature: _____

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