



Partnering with community in the Moreton Bay Region

PROJECT, FACILITIES ENHANCEMENT, EQUIPMENT FUNDING APPLICATION FORM

Applications for equipment should be submitted in accordance with the Foundation's "Guidelines for Provision of Equipment, Facilities Enhancement & Supplies, to Promote Better Health Outcomes and to aid Health Services".

1. APPLICANT DETAILS	
SURNAME: _____	FIRST NAME: _____
PAYROLL NUMBER: _____	CLASSIFICATION: _____
POSITION TITLE: _____	UNIT: _____
FACILITY / SERVICE: _____	
2. CONTACT DETAILS	
WORK PHONE: _____	OTHER PHONE: _____
MAILING ADDRESS: _____	
APPLICANT SIGNATURE: _____	DATE: _____
3. DETAILS OF ASSISTANCE REQUIRED	
Redcliffe Hospital Foundation provides funding for provision of equipment. Please provide details of equipment required.	
4. BENEFITS FROM THIS ASSISTANCE	
Please indicate if you have received or applied for any other funding to assist with this purchase.	
5. IMPACT ON SERVICES AND HEALTH SERVICE RESOURCES	
Impact on services and health service resources? (e.g. if the application is approved, will additional/reduced resources be required from the health service, will there be increased recurrent or maintenance costs). THIS SECTION IS CRITICAL AND ANY IMPACT MUST BE IDENTIFIED AND QUANTIFIED	



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HAVE YOU RECEIVED OR APPLIED FOR ANY OTHER FUNDING TO ASSIST WITH THIS PURCHASE?	YES <input type="checkbox"/> NO <input type="checkbox"/>			
If the application is for an Asset i.e. (a) with a value > \$500, or (b) if computer related > \$500; a Business Case for Asset Acquisition is required.				
This cover sheet and attachments must be forwarded to the District Manager's office through the appropriate Management Committee. This is to ensure that applications are considered a priority for funding and that proposals are consistent with planned service development.				
6. DECLARATION BY APPLICANT				
I have read and understood the funding conditions attached to this grant.				
SIGNATURE: _____				
NAME: _____	DATE: _____			
7. DETAILS OF APPLICANT'S LINE MANAGER/SUPERVISOR				
LINE MANAGER/SUPERVISOR'S NAME: _____				
POSITION: _____	CONTACT NUMBER: _____			
8. ENDORSEMENT BY APPLICANT'S EXECUTIVE MEMBER				
SIGNATURE: _____	DATE: _____			
NAME: _____	DESIGNATION: _____			
9. ENDORSEMENT BY EXECUTIVE DIRECTOR				
SIGNATURE: _____	DATE: _____			
NAME: _____	ENDORSED / NOT ENDORSED			
10. FOUNDATION APPROVAL				
SIGNATURE: _____	DATE: _____			
NAME: _____	DESIGNATION: _____			
AMOUNT AWARDED: _____				
<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">APPLICANT NOTIFIED</td> <td style="width: 20%; padding: 2px;">DATE: _____</td> <td style="width: 50%; padding: 2px;">INVOICE PAYABLE TO: _____</td> </tr> </table>	APPLICANT NOTIFIED	DATE: _____	INVOICE PAYABLE TO: _____
APPLICANT NOTIFIED	DATE: _____	INVOICE PAYABLE TO: _____		
PAYMENT TYPE: CHEQUE ELECTRONIC FUNDS TRANSFER DATE: _____				