



## Thompson Health Foundation Fund Grant Application Form

Thompson Health Foundation Fund  
Grant Application deadline 3<sup>rd</sup> Friday in February - 4:00 pm  
Grants to be awarded the following June

The object of the Thompson Health Foundation Fund is to create an everlasting fund to benefit health care in Thompson and honour the work of all past volunteers and members of the Thompson General Hospital Foundation. Grant(s) from this fund are available each year and are the equivalent interest of that year (**January 1 - December 31**). The grants will increase as the fund grows through charitable donations. If the grant is not claimed in the current year the grant may be dispersed the following year or a one-year extension can be applied for with the approval of the Thompson Community Foundation (TCF) Board.

TCF is pleased to offer **\$1,500.00 to \$2,500.00** in available grant money each year. Please feel free to ask TCF their spending policy each year.

### **To be eligible for this grant, the following conditions must be met:**

1. Only authorized representatives of the NHR may apply for the grant by completing the attached Thompson Community Foundation Grant Application.
2. The application must be in accordance with the original purpose of the Thompson General Hospital Foundation which was to improve the level of care and experience of the users of the health care facilities in Thompson. That said,
  - Capital projects such as replacement and maintenance of required items would not be eligible for funding however cost associated with upgrading to a model that would better serve identified needs would be considered.
  - Operating expenses and general maintenance will not be eligible for funds
3. All recommended fund recipients must agree to recognize the Foundation for its contribution by notice in paper or other means as determined by TCF.

The TCF will award the grant(s) from this fund to the candidates based on the overall benefit to the health care of residents of Thompson.



# Thompson Health Foundation Fund

## Grant Application Form

*Thompson Community Foundation Grant Application*

*Thompson Health Foundation Fund*

Description of item/need for which funds are requested (attach supporting documentation):

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Please explain how this request would enhance the comfort, safety and/or palliative needs of patients in your unit or area.

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Is this request for the replacement of an existing item?    Yes     No

What is the dollar amount requested \$ \_\_\_\_\_

(this amount must include taxes, freight/delivery and any extra expense due to installation)

Have you approached other sources of support?    Yes     No

Please list those approached indicating level of support obtained.

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## Thompson Health Foundation Fund Grant Application Form

### Manager/Program Director Approval

By signing this form, I acknowledge that:

- I support the above request and agree that it would benefit the comfort and/or safety of patients as outlined above.
- I am not aware of any reason why the request should not be granted.
- The program will assume any costs to be incurred above the grant amount.
- My program will adhere to hospital policy pertaining to infection control, safety, ergonomics, etc., surrounding the purchase of any item(s).

Manager/Director's Name (please print): \_\_\_\_\_

Title and Office Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Applicant Approval

I certify that the information contained in this application is correct and that I have included any necessary supplementary documentation required for the request to be considered by the TCF Selection Committee.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

Please return this completed application form and supporting documentation by the 3<sup>rd</sup> Friday in February at 4:00pm. Please do not proceed with the project, until approved/declined.

**Thompson Community Foundation | PO Box 1074 | Thompson, MB | R8N 1N9 |**

Or [tcf@mymts.net](mailto:tcf@mymts.net)

**Your Phone number:** \_\_\_\_\_

**Your email address:** \_\_\_\_\_

**Your mailing address:** \_\_\_\_\_