

Wishlist_Project Funding Minor Grants Under \$10k

Form Preview

Wishlist Project Funding Minor Grants Under \$10,000

Applicant Details

* indicates a required field

Applicant Name *

First Name

Last Name

Applicant Position *

Applicant Primary Phone or Mobile Number *

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Certification of Equipment / Service / Quality Improvement (QI)

* indicates a required field

Is this Equipment currently on the Health Technologies Equipment Replacement Program (HTER)? If you are unsure consult with your Principal Finance Business Advisor (PFBA). *

You are unable to submit an application with Wishlist due to the equipment / Service you are applying funding for is already on the SCHHS HTER / Procurement List

Applicants must attach a signed Business Line Manager, DON / Facility Manager and PFBA. This form is available [here](#) on the Wishlist website

Approval Form Attachment *

Attach a file:

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Equipment / Service or Quality Improvement project details

* indicates a required field

Project Title *

Work Unit where project will be undertaken *

Please include unit, department where equipment or project will be based

Which hospital or area will this equipment, service or project most impact? *

Please indicate the hospital or community service where equipment or project will be based. Will other compuses or units with the SCHHS benefit from this equipment/service?

Is this a Quality Improvement initiative? If yes, please make sure your response clearly outlines aligns with the Quality Improvement principles below *

Eligible submissions are those which are intended to reduce tests, treatments and procedures where the evidence shows it provides little or no benefit to the patient, and/or supports patients and health professionals to talk to each other about options for tests, treatments and procedures.

Which Patients will benefit from this equipment? *

☐ Local Cancer Patients ☐ Cardiac Patients ☐ Children ☐ Our elderly patients ☐ Dementia patients ☐ Rehabilitation patients ☐ Neurology patients ☐ ENT patients ☐ Stroke patients
Other

Wishlist holds funds dedicated to health areas including Paediatrics, Cancer, Palliative Care etc. By identifying the patients who potentially benefit from your project we're able to direct funds appropriately ie. where donors want funds to go.

What is the problem you are trying to solve? (Describe in 2 to 3 sentences the current gap in quality and the existing condition or process you hope to improve) *

Word count:

Must be no more than 200 words.

Provide a clear breakdown of the financial assistance required from Wishlist and identify any anticipated cost savings, BAU impact. What will be the outcome for the HHS eg. financial benefit, quality improvement? (Costings must be attached to this section and completed with the assistance of the PFBA) *

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Word count:

How will the equipment or service directly benefit consumers of the SCHHS and local families? *

Word count:

Must be no more than 100 words.

Describe three things you want the project to achieve in terms of benefits to patients, local families and SCHHS. This is your chance to pitch to the Wishlist Board and to the Coast community, so present the benefits clearly and in layman's terms.

Approximately how many patients per year present at your ward/unit who would benefit from this equipment / service, improved process? *

Please provide a figure amount (approximate)

Indicate which [SCHHS Strategic priority](#) this equipment or project aligns to and how it aligns with your services current operational plan.

Are there any partnerships associated with the project? *

If you answered yes to the previous question, please provide details of the partnership including explanation of the relationship

Word count:

Please provide brief details and we recommend no more than (100 words) Is the partner aware you've approached Wishlist for funding?

Wishlist may not be in a position to fund this equipment immediately. What is the urgency for this equipment, service or QI project if it were to be considered for our wish list? *

Word count:

Must be no more than 100 words.

Please give an indication of when this equipment/service is required by your unit and why it is required within this timeframe.

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Please provide a case study of a recent patient/family who would have benefited from this resource

Word count:
Must be no more than 100 words.

Funding previously received from Wishlist

* indicates a required field

Have you successfully applied to Wishlist for Funding previously? *

If 'yes' please provide details of funding provided by Wishlist

Word count:
Please provide a brief outline of funding provided. We recommend no more than 100 words

Have you submitted a Project Funding Report for the funding outlined above? Did you help facilitate media or a donor presentation with Wishlist?

If you stated 'no' in the previous question you must upload a project funding report now.

Please note if you have not submitted a report on previous funding allocated by Wishlist this application will be declined.

The Project funding template is available on the Wishlist website. Click [here](#) to download form, fill out and upload below.

Upload Project Funding report below

Attach a file:

Budget

* indicates a required field

Funds Requested

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If equipment is over \$3,000 in total you must provide 3 quotes.

(Please note all applications for equipment over the value of \$5,000 will require approval from SCHHS Director of Asset and Infrastructure).

Total Amount Requested *

\$

Must be a dollar amount.

What is the total financial support you are requesting in this application?

Does the total amount requested include equipment, delivery, handling and calibration costs and GST where applicable. *

- ☐ Yes
☐ No

Is this equipment / project on the approved procurement list? *

- ☐ Yes
☐ No

Please indicate below if equipment is new, replacing existing or will have any recurrent costs. *

☐ Is it replacing a current piece of equipment? Provide current asset number. ☐ Is it upgrading current equipment? ☐ Is this equipment new?

Is this equipment already available in your area? *

If you answered yes to this question please outline why you need another?

Word count:

Please provide brief explanation, we recommend no more than 100 words

Preferred Suppliers quote *

Attach a file:

Second Quote

Attach a file:

Third quote

Attach a file:

Explain if there is only one supplier available for these item/s

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If applicable; please attach further supporting supporting documentation

Attach a file:

Reports, pictures of equipment

Related recurrent or maintenance costs

Are there any related recurrent or maintenance costs associated with this equipment / service? PFBA to be consulted when completing this question.

Cost	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Related recurrent or maintenance costs

Total Expenditure Amount for recurrent and/or maintenance costs

\$

This number/amount is calculated.

**Will your Department / Unit support these additional costs to the funded amount?
This must be agreed by the PFBA.**

- ☐ Yes
☐ No

Applicant Declaration

* indicates a required field

Please note all applications must be approved by Business/Line Manager, DON/Facility Manager and PFBA prior to submitting application.

Declaration and Privacy Statement

I certify that all details supplied in this application and in any attached documentation are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of organisation/group.

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I have read the accompanying guidelines for applicants provided with this application form.

I agree that I will contact Wishlist immediately if any information provided in this application changes or is incorrect.

Wishlist respects all personal and confidential information received and will do everything possible to protect information from unauthorised access, loss or misuse. Information collected from you may also be used by Wishlist and their representatives to conduct research and customer satisfaction surveys so that we may better understand community needs and can improve service delivery. Should you need to change or access your personal details, please contact (07) 5202 1777

I have discussed this application with the senior leadership team of my directorate.

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date *

Must be a date.