Grants Advisory Panel Application Form



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|  | | |
| **Tick the appropriate pillar** | | |
| **New & Emerging Services** | **Medical Equipment & Services** | **Impact Initiatives for Patients & Families** |
| ☐ | ☐ | ☐ |

|  |  |
| --- | --- |
| Prepared By: |  |
| Email Address: |  |
| Phone Number: |  |
| Department/Ward/Office: |  |
| Department Lead: |  |
| Children’s Health Ireland Site: |  |
| Date Submitted: |  |
| Amount Requested:  VAT Amount:  Total: | €  € All applications **must** include VAT  € |
| GAP REF:(issued by Children’s Health Foundation) |  |

**GRANTS ADVISORY PANEL – SUBMISSION GUIDELINES**

The Grants Advisory Panel (GAP) will consider initiatives with a value up to **€500,000** that meet one of the core pillars of funding:

1. New and Emerging Services
2. Advancing Medical Equipment and Systems
3. Patient & Family Impact Initiatives

**Essential Requirements**

All applications over €25,000 are required to provide three quotes, where relevant and must be submitted with the application.

All requests will be assessed and scored against a set list of key criteria. These criteria will consider donor and Children’s Health Ireland funding priorities and previously funded applications.

All sections of this application form must be completed and signed with all supporting documentation attached to clearly articulate the identified need and how this project sets out to address that need.

**As part of the applications process, it is important to discuss applications with Department Lead’s and other colleagues which may be impacted such as ICT, HR, Finance, to ensure applications include all relevant costs. Where such costs (Eg: service/maintenance etc) are not covered by the Foundation, the Children’s Health Ireland Finance team must confirm they will cover these costs.**

**Applications will only be accepted as a single PDF document. Applications submitted in any other form, incomplete or multiple documents will be automatically excluded from the process.**

**Funding Criteria:**

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| --- | --- | --- | --- |
|  | **Initiatives NOT considered appropriate for donor funding** | **Initiatives considered appropriate for Children’s Health Foundation funding** | **Initiatives considered as key investment areas for CHF, due to their ability to deliver long term impact for children** |
|  | Maintenance Costs | Patient Experience and Engagement Programmes | New & Emerging Medical Technologies |
|  | Warranty Costs | Patient & Family Supports | Innovations In Health |
|  | Repair Costs | Patient Care & Assistance | Capital Development |
|  | Operational ICT | Equipment |  |
|  | Subscriptions Costs | Clinical Technology |  |
|  | Annual costs |  |  |
|  | On-going Salary Costs |  |  |

***Please Note:*** *By submitting this proposal you confirm that all information included in this application is correct and can be used by the Foundation for information purposes. Awarded funding must be utilized within 6 months.*

**GRANTS ADVISORY PANEL – GRANT APPLICATION**

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| **Request Title** |
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| --- | --- | --- | --- |
| **Project Timeline Summary** | | | |
| Start Date |  | End Date |  |

|  |
| --- |
| **Background and Context: What is the project?** *Please provide a summary for this project. Max 200 words* |
|  |

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| **The Problem: Please tell us why this project is needed. Please describe who this project is targeted toward and the benefit. Please describe what is currently in place and how this new project will improve the current situation.**  *What is the issue or need that this project aims to address for sick children in Ireland?* |
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| **Evidence: What is the evidence base for this project?**  *Please include any reference to external sources* |
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| **Impact and Outcomes: Please describe how you monitor impact on an on-going basis? Please tell us what outcomes you are aiming to achieve with this project?**  *Please indicate the key qualitative and quantitative outcomes for this project and ensure that all proposed outcomes are clear and measurable. Please include patient numbers/statistics where relevant. Any information included will be used by the Foundation to monitor the impact of grant funds* |
| **Outcomes: Please tell us what outcomes you are aiming to achieve with this project?**  *Please indicate the key qualitative and quantitative outcomes for this project and ensure that all proposed outcomes are clear and measurable.* |

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| **Why would a donor want to support this, what is compelling about this project? What, if anything, makes your project unique / innovative that could influence practice?**  *This question is mandatory in order to provide key information to donors on our goals and impact.* |
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| **Impact on Hospital Departments – Must be Completed** |

**As part of the application process, this section must be completed for your application to be considered.**

\*Children’s Health Foundatation do NOT fund the costs of software and maintenance on an on-going basis. Therefore, it is strongly recommended that you consult the **relevant** Department Head.

*Please confirm that you have consulted with the relevant Department Head and fill in the appropriate box below if your project will have an impact on resources for any Children’s Health Ireland department e.g. Staffing/man hours, machine hours, extra costs or items such as service/maintenance contracts etc. This must be signed by the relevant Department Head e.g. ICT, HR, Clinical Engineering, Projects Office.*

|  |  |  |
| --- | --- | --- |
| **Department** | **Provide details & likely associated costs.** | **Department Head Signature** |
| Finance |  |  |
| ICT |  |  |
| Human Resources |  |  |
| Project Office |  |  |
| Clinical Engineering |  |  |
| Medical Device Committee - MDC |  |  |
| Laboratory |  |  |
| Pharmacy |  |  |
| Research & Innovation Office |  |  |

Equipment in excess of €25k will need to go through the Children’s Health Ireland tendering process. Ensure you have consulted the Clinical Engineering Department in advance of submitting an application.

**Project Team**

*Please include details for the Key Contact for this project and information on all relevant people in support roles. The key contact must provide regular impact reports*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Phone** | **Email** |
|  |  |  |  |
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**Project Budget**

Overall Summary budget (in Euro)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Budget Categories*** | ***Year 1*** | ***Year 2*** | ***Year 3*** | **Total** |
| Staff Costs |  |  |  |  |
| Equipment Costs |  |  |  |  |
| Consumables / Materials |  |  |  |  |
| Other Costs |  |  |  |  |
| **Total** |  |  |  |  |

**Budget Categories Details / Workings**

**Staff/Costs (in Euro)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Description*** | ***Year 1*** | ***Year 2*** | ***Year 3*** | **Total** |
| Salary \* |  |  |  |  |
| PAYE/PRSI  (11.15% Currently)† |  |  |  |  |
| Other |  |  |  |  |
| **Total per year** |  |  |  |  |

\* Please ensure you discuss with HR to determine all costs involved and detail accordingly, Children’s Health Foundation do not fund pension costs.

† Current Employer PRSI costs total 11.05%

If it is proposed to employ more than 1 individual, please complete a separate box for each individual.

**Equipment costs (in Euro)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Description*** | ***Year 1*** | ***Year 2*** | ***Year 3*** | **Total** |
| Equipment |  |  |  |  |
| Extras Required |  |  |  |  |
| Other costs: |  |  |  |  |
| **Total per year** |  |  |  |  |

**Consumables / Materials costs (in Euro)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Description*** | ***Year 1*** | ***Year 2*** | ***Year 3*** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total per year** |  |  |  |  |

**Other costs (in Euro) – must be appropriately described and justified**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Description*** | ***Year 1*** | ***Year 2*** | ***Year 3*** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total per year** |  |  |  |  |

**Have you previously been awarded GAP funding? If yes, please list previously approved GAP funding details**

|  |  |  |
| --- | --- | --- |
| **Approved GAP Projects**  ***Please include reference number, project title and any other information you deem relevant*** | | |
| **Reference** | **Description** | **Other Information** |
| GAPXX- |  |  |
| GAPXX- |  |  |
| GAPXX- |  |  |

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| **Application Checklist – Please confirm you have completed the following** | |
| Applicant Details - page 1 |  |
| Thoroughly Read Essential Requirements - page 2 |  |
| Grant Application Details - pages 3-5 |  |
| Impact on Hospital Departments – page 6 |  |
| Budget / Costs – page 7-8 |  |
| Included all required documents e.g Quotes etc. |  |
| Application is signed by all parties- page 9 |  |

***Children’s Health Ireland Authorization***

|  |  |
| --- | --- |
| **Proposer** | |
| Name |  |
| Signature |  |
| Date |  |
| **Department Head** | |
| Name |  |
| Signature |  |
| Date |  |

Please list additional documentation in support of this application:

|  |  |  |
| --- | --- | --- |
| **APPENDICES**  ***Please check you have included the essential documentation required in support of this application and all documents are merged as one pdf prior to submission*** | | |
| **Appendix** | **Document Type** | **Received by Children’s Health Foundaton** |
| Appendix 1 | E.g. Supplier Quotes |  |
| Appendix 2 | E.g. Supporting Project Proposal |  |
| Appendix 3 |  |  |

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| --- | --- |
| **CHF Use Only – Children’s Health Foundation** | |
| CHF Decision: |  |
| Conditions Applied: |  |
| Signature: |  |
| Date Approved: |  |