



# MACKAY HOSPITAL FOUNDATION GRANT APPLICATION FORM

Before completing this form please read the *Mackay Hospital Foundation Grant Guidelines* available at [http://qheps.health.qld.gov.au/mackay/forms\\_list.htm](http://qheps.health.qld.gov.au/mackay/forms_list.htm)

If additional space is required, please attach additional pages.

## Applicant Checklist:

- Grant application form signed by Applicant in Section 1.
- Quote(s) attached, where applicable.
- CECC supporting documentation is attached.
- Grant application form signed by endorsing Head of Section/Division, MHHS.

## SECTION 1. APPLICANT DETAILS

Title:		First Name:		Surname:	
Position:			Work Unit & Hospital:		
Address:					
Work Phone:		Mobile:			
Email Address:					
Applicants Signature:	.....			Date:	...../...../.....

## SECTION 2. GRANT APPLICATION DETAILS

<b>(a) Item/s requested:</b> (specify the clinical equipment, non-clinical equipment or other item requested)
<b>(b) If you are applying for clinical equipment, does the equipment form part of the hospital or unit/ward's model of care?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(c) Description of the equipment item(s):</b>
<ul style="list-style-type: none"> <li>What purpose does the item serve? (e.g. is it life-saving; life-sustaining; diagnostic; recovery oriented; provides support to or distraction for patients, etc.)</li> <li>Who will benefit from the item being available? (e.g. people with renal disease; children with chronic disease, etc.)</li> <li>If you are applying for clinical equipment, how often will this equipment be used?</li> <li>What difference will this item make?</li> <li>Where will the item be located? (e.g. Moranbah Hospital; Renal Unit, Mackay Base Hospital; Patient Equipment Loan Service (please consult PELS); Bowen Hospital, etc.):</li> </ul>

<p><b>(d) Reason for request:</b> (specify the reason for making this request) If you are applying for clinical equipment:</p> <ul style="list-style-type: none"> <li>• Will the item replace an older piece of equipment?</li> <li>• Will the item form part of a suite of items being purchased for the unit/ward?</li> <li>• Is the item in addition to another identical item? <u>or</u></li> <li>• Is the item a complement to another piece of equipment?</li> </ul>
<p><b>(e) Amount (GST inclusive) requested</b> For items up to \$3,000 please attach a current quotation. For items above \$3,000 please attach three quotes. Comparable quote enable the Mackay Hospital Foundation to ensure value for money when expending funds kindly donated by the community):</p>
<p>\$</p>
<p><b>(f) Are there other funding sources available for this equipment item?</b> For example, MHHS funding, trust account funds or other funding provider?</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details:</p>

**SECTION 3. INSTALLATION, WARRANTIES & CLINICAL EQUIPMENT CONSUMABLES COMMITTEE CONSULT (CECC)**

<p><b>(a) Does the equipment item(s) include a warranty?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify the term of the warranty and any conditions:</p>
<p><b>(b) If you are applying for equipment, are there any recurrent costs that will be incurred by the Mackay Hospital and Health Service (MHHS) i.e. consumables, service contracts, etc.:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify and quantify recurrent costs:</p>
<p><b>(c) Cost Centre:</b> (specify the cost centre for this equipment item(s))</p>
<p><b>(d) Has this equipment been endorsed by the Clinical Equipment Consumables Committee (CECC)?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach copy of endorsement by CECC.</p>
<p>Please note: the Foundation is unable to accept applications that do not have CECC endorsement. For enquiries, phone 4885 5915.</p>

**SECTION 4. MHHS HEAD OF SECTION/ DIVISION ENDORSEMENT OF GRANT APPLICATION**

Title:	<input type="text"/>	First Name:	<input type="text"/>	Surname:	<input type="text"/>
Position:	<input type="text"/>	Division:	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>		

**Forward completed grant application form to Mackay Hospital Foundation**

PO Box 6011, Mackay MC Qld 4741

Office M5, M Block, Mackay Base Hospital, 475 Bridge Road, Mackay Qld 4740

or via internal mail

Email: [mhf@health.qld.gov.au](mailto:mhf@health.qld.gov.au)

Telephone: 4885 5915