Brandon Regional Health Centre FOUNDATION

BRHC/Brandon programs/sites/facilities Grant Application

Application Information

Date _____

Name of Applicant _____

Name of Project/Program _____

Internal Mail _____ Telephone _____

Primary contact person _____

Telephone _____ Date of submission_____

Grant Request

Amount requested _____

Synopsis (in 2-3 sentences, briefly describe your project)

_____

_____

_____

_____

This application must be approved and signed by the Department Head and Vice President responsible for your area.

_____ _____
Signature Title

_____ _____
Signature Title

Project description

Please provide the following information:

1. Describe the project/program, including it purpose and goals. This includes applications for funding for educational opportunities.

2. Define the timeframe in which the funds are required.

3. Cite evidence of need for the project/program/equipment/educational opportunity and its significance to the enhancement of quality health care.

4. Provide a detailed budget for the project including other funding sources approached and responses to date. For equipment purchases, only costs are required.

5. Describe plans to evaluate the effectiveness of the project/program. For equipment purchases, please describe the process used to determine that this equipment should be purchased.

Mail completed application with attachments to:

Brandon Regional Health Centre Foundation
CS1-122
150 McTavish Avenue East, Brandon, MB R7A 2B3
or
info@brhcfoundation.ca

For more information
204-578-4226
email:info@brhcfoundation.ca

Updated:
April, 2011, October, 2012, May 2013, August 2014, October 2016, August 2017
September 2018
September 2021
June 2022