

The Thunder Bay Regional Health Sciences Foundation Family CARE (Care Advancement Recommended by Employees) Grant Application Form

Grants awarded for up to \$4,000 per application.

Eligibility:

The following criteria apply to all Family CARE Grant requests:

1. Patient and staff items that cannot be funded by other sources.
2. Items that will enhance the workplace environment.
3. Support for the Patient and Family Centered Care model.
4. Enhancement of internal health programs offered at the Thunder Bay Regional Health Sciences Centre.

Ineligible:

The following will **not** be considered:

1. Single use and consumable items such as bus/taxi vouchers, food vouchers and give away items etc.
2. Conferences/workshops/training.
3. Health professional development and research.
4. iPads, digital cameras, printers, and other similar tech equipment.
5. Books, publications, manuals, and pamphlets for staff use.
6. Items solely for staff use i.e. break room fridges, couches, microwaves, staff recognition, etc.

Application Procedure:

IMPORTANT NOTE: EACH REQUEST MUST BE ON A SEPARATE FORM

1. Complete the Application Form. All required sections and signatures are mandatory. Applications that do not include this information will not be considered.
2. Submit **FOUR (4) hard copies in person and one (1) electronic copy via email (.doc or .pdf)** of your application to Laura Andricciola in the Thunder Bay Regional Health Sciences Foundation office by **Friday October 17, 2025, 4:00 p.m.** to room 2232 (Foundation President's Office), located beside the Cancer Centre Main Lobby Entrance.
3. Submissions that do not meet the eligibility criteria outlined above will not be considered.
4. All equipment requests must be in compliance with building stipulations and must be supported and serviced by the Thunder Bay Regional Health Sciences Centre.
5. If approved, successful applicants **must submit their invoice for the purchased item prior to December 31st, 2026**. Please note that the Foundation is only able to advance payment to the Thunder Bay Regional Health Sciences Centre, **not** individuals.

If you have any questions, please contact Laura Andricciola, Executive Coordinator at ext. 7276 or by email at laura.andricciola@tbh.net.

**2024 Thunder Bay Regional Health Sciences Foundation
Family CARE Grants Application**

A complete application must include ALL required signatures, a description of the project/item, and cost breakdown in Canadian dollars (incl. taxes & shipping). **Applications that do not include this information will not be considered.**

Remember: **FOUR (4) hard copies in person and one (1) electronic copy via email (.doc or .pdf)** of your application are due in the Thunder Bay Regional Health Sciences Foundation Office by **October 17, 2025 @ 4:00 p.m.**

IMPORTANT NOTE: EACH REQUEST MUST BE ON A SEPARATE FORM

Application Check List:

Description of Item/Project	
Description of impact/outcome	
Price Quotation attached	
All Required Signatures	

Program/Department

Name and Title of Person Completing This Form

Extension

Name and Location of Principal Beneficiary if Other Than Applicant

ALL requests for equipment, capital improvement and/or furniture must have specific item cost and taxes confirmed with the Purchasing Department in Canadian dollars and be in compliance with the Thunder Bay Regional Health Sciences Centre standards. **Attach CAD price quote, including all taxes, shipping and delivery.** Please include a purchase plan for all items.

\$ _____

Partial Funding:

Implementation, Use & Impact: (please attach additional pages as necessary)

How often do you anticipate it will be used? (Please circle) Daily Weekly Monthly

What is the lifespan of the item? _____

What is the overall impact (i.e. number of patients affected) on the Thunder Bay Regional Health Sciences Centre if this request is funded?

TBRHSF-DI1

Declaration of Intent

I/We, the undersigned applicants for grant funding from the Thunder Bay Regional Health Sciences Foundation (HSF) have read and agree to abide by the conditions of the HSF as laid out below.

1. Any proposed clinical investigation involving experimentation in human subjects has been examined by an appropriate Research Ethics Board/Team and has been found acceptable from an ethical point of view as judged by the Government of Canada Policy Statement – Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.
2. Any proposed investigation involving the use of experimental animals has been examined by the local Animal Care Committee and found to be acceptable as far as the experimental procedures and the continuing care of these animals are concerned.
3. I/We agree to provide, to the Vice President, Corporate Services & Chief Financial Officer (TBRHSC applicants only) & the HSF, annual progress reports regarding the proposed research, starting no later than 15 (fifteen) months from the first release of funds for the project and due yearly thereafter for the duration of the proposed research. I/We understand that funding may be withheld pending such reports.
4. I/We agree additionally to provide, to the Vice President, Corporate Services & Chief Financial Officer (TBRHSC applicants only) & the TBRHSF, reports regarding the proposed research within three (3) months of its conclusion and not later than a date as will be indicated to me/us by the HSF upon release of funds.
5. I/We understand that if further information is needed by the HSF, such information will be requested and that this may delay and/or cause rejection of assessment of my/our request for funds.
6. For requests for funds involving equipment purchases only, I/We agree to provide to the Vice President, Corporate Services & Chief Financial Officer (TBRHSC applicants only) and the HSF, a brief report detailing the uses of the equipment and the benefits it has provided within six months of the release of funds.
7. We/I acknowledge that any information provided in an application for grant funds from the HSF, or in a progress report to the Vice President, Corporate Services & Chief Financial Officer, and/or the HSF, becomes the joint property of the Thunder Bay Regional Health Sciences Foundation (TBRHSF) and the Thunder Bay Regional Health Sciences Centre (TBRHSC) and/or the applicant facility. These institutions may release such information to other entities, including the lay press, at their discretion.
8. I/We agree that any and all publications resulting from this grant proposal will acknowledge the HSF as a source of funding, if full or partial funding is granted.
9. I/We understand that any funds released for research become the property of TBRHSC or applicant facility and any equipment purchased with this funding becomes the property of TBRHSC or applicant facility and that these are not transferable to any other person or institution.
10. All equipment requests must be in compliance with building stipulations and must be supported and serviced by the Thunder Bay Regional Health Sciences Centre
11. ALL approved equipment, capital improvement and/or furniture must have specific item cost and taxes confirmed with the TBRHSC Purchasing Department in Canadian dollars and be in compliance with the Thunder Bay Regional Health Sciences Centre standards. Funds will be released only after the invoice has been reviewed and approved.
12. Please note that the Foundation is only able to advance payment to the Thunder Bay Regional Health Sciences Centre, not individuals.
13. I/We acknowledge and agree that the Thunder Bay Regional Health Sciences Foundation (TBRHSF) has the right to freely create and publish promotional material, advertising, announcements, social media posts, and other forms of communication to highlight the funding provided by the Foundation for the approved research, equipment, projects, or initiatives.

Signatures

IMPORTANT NOTE: To be signed AFTER forms are completed.

The application must be endorsed by the Program Director AND Vice President.

_____ Applicant Name - printed	_____ Applicant - signature	_____ Date
_____ Patient & Family Advisor - print	_____ Patient & Family Advisor - signature	_____ Date
_____ Program Director/Manager - print	_____ Program Director/Manager - signature	_____ Date
_____ Vice President - print	_____ Executive/Vice President - signature	_____ Date