Thunder Bay Regional Health Sciences Foundation

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

NEW! Grants awarded for up to $5,000 per application.

Please do NOT include this page in your application. This is an informational cover page.

Eligibility:

The following criteria apply to all Family CARE Grant requests:

1. Benefit to patients and staff by supporting needs not covered through existing funding sources.

2. Improve the workplace environment and support Patient and Family Centered Care by enhancing internal programs at TBRHSC.

Ineligible:

The following will ***not*** be considered:

1. Conferences, workshops, training, professional development, and research activities solely for staff.

2. Technology and electronic devices, including smartphones, tablets, printers, etc.

3. Items that do not contribute to the delivery of patient care (i.e. personal items or staff recognition gifts).

Application Procedure:

1. A complete application must include ALL required signatures, a description of the project/item, and cost breakdown in Canadian dollars (incl. taxes & shipping).

2. Submit your application by ***Friday, October 30, 2026 at 4:00 p.m.***
   a. SIX (6) paper copies (in person or picked up from unit)
   b. ONE (1) electronic copy (.doc or .pdf) via email

3. *NEW* Roaming Cart pick up October 26 – 30, OR Deliver hard copies to:
   Laura Andricciola - Foundation Office - Room 2232 (Foundation President's Office), beside the Cancer Centre Main Lobby Entrance

4. Applications that do not meet the eligibility criteria will not be considered.

5. All equipment requests must comply with hospital requirements and be supported and serviced by Thunder Bay Regional Health Sciences Centre.

6. If approved, applicants must submit invoices for purchased items by ***March 31, 2028***. Please note: payments are made to the 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.

Grant Number: FCG2026-____

2026 Thunder Bay Regional Health Sciences Foundation
Family CARE Grant Application

Application Check List:

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

_____ _____

Name of Applicant Program/Department

_____ _____

Title of Applicant (I.e. nurse, PSW, tech, etc.) Department Extension

Total Requested Amount:

$ _____ . ____

(Total in Canadian dollars including taxes, shipping, delivery etc.)

Equipment, Capital Improvement and/or Furniture Requests

Description of Request:

_____

_____

_____

_____

_____

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

What, if anything, is the current practice in lieu of this/these item(s)?

How will the item improve patient care? How many patients will be affected or will benefit from this?

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

What is the lifespan of the item?

What is the overall impact 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. 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.
2. 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, Facilities, Capital Planning and Support Services & Chief Financial Officer (TBRHSC), 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). These institutions may release such information to other entities, including the lay press, at their discretion.
3. All equipment requests must be in compliance with building stipulations and must be supported and serviced by the Thunder Bay Regional Health Sciences Centre
4. 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.
5. Please note that the Foundation is only able to advance payment to the Thunder Bay Regional Health Sciences Centre, not individuals.
6. 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 Manager or Director.

Applicant Name – print	Applicant – signature	Date
Manager/Director– print	Program Manager/Director – signature	Date