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**Providing the Best Healthcare Close to Home**  
Charitable #14091 0399 RR0001

## CAPITAL EQUIPMENT GRANT APPLICATION

### **Contact Information:**

Contact Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

Nipawin Hospital       Pine View Lodge       Carrot River Health Centre  
 Arborfield Health Centre       Cumberland House Health Centre

Department \_\_\_\_\_

### **Request:**

Equipment request \_\_\_\_\_

This equipment is:       Replacement       New       Essential       Luxury/Enhancement

Please provide details regarding how the requested equipment will benefit clients/patients, staff and/or overall operation within the healthcare facility. Additional pages may be attached if required.

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Please provide approximate costs and names of potential equipment suppliers.

*\*In practice, two quotes should be provided unless there is an internal policy, IE. SHA, for single source providers for product continuity, bulk purchasing power or only provider available, or if the quote has already gone through procurement and has been rejected.*

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If this item is not funded, how will this affect the operation of the department/area of the healthcare facility? Additional pages may be attached if required.

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Has a request been made to the SHA? Yes  No

If Yes, when? \_\_\_\_\_

If the request was declined, please advise us of why the request was denied.

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Facility Administrator: \_\_\_\_\_

Signature or Email acknowledgement

Date

Director: \_\_\_\_\_

Signature or Email acknowledgement

Date

**For NRHF office use only:**

Date reviewed by NRHF Board of Directors \_\_\_\_\_

Is this a shared-funding equipment purchase? Yes  No

Comments:

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Date approved: \_\_\_\_\_

Funding source: \_\_\_\_\_

Executive Director \_\_\_\_\_ Date \_\_\_\_\_  
NRHF