

Endowment Grant Application 2023

Contact Details

TIP BEFORE YOU START:

'Save' your work often so it is not lost. You may wish to write your application in a Word doc, and then when you are ready, copy/paste the text into this form.

Applicant Details

Prefix **First name**

- Select One -

Last name

Work title

Phone number

Email

Secondary Contact Details for this application

Administrative or other contact who has knowledge of this application.

Prefix **First name**

Last name

Email

Facility Details

Which facility will this project belong to?

Please indicate the name of the facility exactly as shown in the list below

- St Vincent's Hospital Sydney
- Sacred Heart Health Service
- St Vincent's Correctional Health (Parklea)
- St Vincent's Centre of Applied Medical Research
- St Vincent's Private Hospital Sydney
- St Vincent's Private Community Hospital Griffith

If the facility is not in this list, please type the name of the facility.

Facility**Unit / Department****Other unit / department details**

If your unit / department is not in the list of facilities above.

Department Head Details

Prefix **First name**

Last name

Clinical Stream Lead Details

Prefix **First name**

Last name

Payment Details**Destination Trust Fund**

If successful, this is the Hospital Trust Fund that your grant will be paid into.

The list includes the most commonly used Trust Funds. If you do not know your Trust Fund, ask your manager.

Enter the TF number or description in the field below, then select from the picklist below.

Other destination trust fund

If you selected 'Other' from the picklist above, please enter the Trust Fund number and description here or enter 'not yet created'

Project Details**Project Details**

Title of the Project

Funding required (\$AU)

Between \$5,000 - \$100,000

Project Overview

Brief overview of the project in layperson (non-medical) terms
(max 75 words)

Proposed Outcomes

If needed, expand on your project description. Describe the proposed outcomes and impact of the project.
If successful, you will be asked to report against these outcomes at the conclusion of the project.
(max 500 words)

Project Category

Select the 'best fit' category for your project. This helps us to better understand where funding needs are.

Project Purpose

Select the 'best fit' purpose for your project from the picklist below. This helps us to better understand where funding needs are.

Use the following as a guide to assist you with making your selection:

- **Buildings** - new rooms, renovations and upgrades
- **Education** - includes scholarships, training, conferences and travel
- **Equipment** - includes medical and non-medical such as furniture
- **Operations** - includes ongoing costs and staffing to run programs
- **Research** – includes fellowships
- **Technology** - non-medical technology such as apps, video conferencing, ipads
- **Transport**

Select your project purpose here.

Education Grants

If applying for an Education grant, please confirm you have been in the employ of St Vincent's Hospitals or St Vincent's Private Hospitals for a minimum of one year and, if successful, you are committed to remain as an employee of the Hospital for at least one year after receiving the grant.

Supporting Documents

Supporting Documents**Instructions**

1. These file types are not accepted: .msg .png .jpg .eml - do not attach emails or images.
2. You can only upload one document per question.
3. Click 'Browse' or 'Choose file' to locate your document
4. Click the 'Upload' button to attach your document.

Supporting budget documentation

Attach an equipment or manufacturer quote or a project budget to support your funding request. GST must be excluded.

Click **Upload** to attach document.

Human Research Ethics Committee Approval

Click **Upload** to attach document.

Other supporting documents

Click [Upload](#) to attach another supporting document (if needed).

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Click [Upload](#) to attach another supporting document (if needed).

Attach an Endorsement form signed by your Clinical Stream Lead or Department Head using one of the templates available from the links below.

- **St Vincent's Health Network Sydney: Click [here](#)**
- **St Vincent's Private Hospital: Click [here](#)**

Click [Upload](#) to attach your document.

Declaration

Declaration

Terms of Funding

Terms of funding can be found in the links below:

- **St Vincent's Health Network Sydney [here](#)**
- **St Vincent's Private Hospital Sydney and St Vincent's Private Community Hospital Griffith [here](#)**

I have read and agree to the Foundation's Terms of Grant Funding for the Endowment Grants.

No