

# St. Paul's Hospital Foundation Annual Draws List of Departments



## GUIDELINES

- Purpose:** To benefit St. Paul's Hospital patients, families and staff by **providing departments with minor equipment items or program costs that have limited alternate sources of funding.**
- Amount:** Up to **\$150,000** to be awarded by draw on June 17th.  
Individual grant categories   **#1:** \$100 to \$2,500  
  **#2:** \$2,501 to \$10,000  
  **#3:** \$10,001-\$25,000 (*One annual draw*)
- Eligibility:** Departments located at St. Paul's Hospital are eligible. See attached list of eligible departments. **One application per grant category per department will be accepted.**
- Applicant:** **Any SPH staff may apply with approval of their department or unit manager.**
- Process:** The department or unit manager must coordinate and submit all department applications. There is a limit of **1 request for each grant category per department or service. Requests cannot exceed the category limits. Materials Management cost quote** for each item and a **needs statement** must accompany each application. Please ensure taxes (PST/GST), shipping and installation costs are included and identify any quotes that are in US funds.
- How to Apply:** Pick up one application form for each request at St. Paul's Hospital Foundation office or online, [www.sphfoundation.org](http://www.sphfoundation.org). **All department applications must be submitted together, along with approval from the general manager, professional leader or director. Incomplete forms will not be processed.**
- Criteria:** The SPHF Draws support the purchase of items that have not received capital committee approval; equipment, items and programs with limited alternate sources of funding. Ongoing operational costs will not be funded. **Event** and **renovation** applications are no longer accepted.
- Eligible requests will have a direct benefit in at least one of the following areas:**  
1) Patient care; 2) Patient and/or family comfort; 3) Staff safety and/or improved working conditions. The committee may decline a request if there is not sufficient documentation or evidence to confirm the benefit of the request.
- Draws:** The Draws Committee will review applications to ensure they meet the awards criteria. The Committee will have representation from SPH staff, SPHF staff and board. Dependent on applications received and committee decision, all grants will be selected by random draw. Committee decisions are final.
- Deadline:** Applications must be in the Foundation Office by 4:00 p.m. **May 9<sup>th</sup>**. Draws will be made on **June 17<sup>th</sup>**.  
  
Once approved, items must be ordered by **July 31<sup>th</sup>**.
- Questions:** Contact SPHF staff - Mariette Jean at 655-6027, [mariette.jean@sphfoundation.org](mailto:mariette.jean@sphfoundation.org)

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## APPLICATION FORM (for equipment/program costs that have no alternate funding source)

Department/Service: \_\_\_\_\_

Applicant Name and Position: \_\_\_\_\_

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

Equipment or Project summary: \_\_\_\_\_

Total cost requested (must include PST/ GST, shipping, installation, etc.): \_\_\_\_\_  US funds?

Have annual operating costs or additional operating costs been approved by Saskatoon Health Authority?

(Check one and provide further explanation if necessary)

None required     Yes     No \_\_\_\_\_

Type of item:     Equipment     Furniture     Programming

Benefits:     Patient care     Patient/Family comfort     SPH Employees safety/work conditions

Category #1 - \$100 to \$2,500 (*not to exceed \$2,500*)

Category #2 - \$2,501 to \$10,000 (*not to exceed \$10,000*)

Category #3 - \$10,001 to \$25,000. (*not to exceed \$25,000*)

***You must attach a quote from Materials Management for each item AND a written needs statement illustrating how this project will improve the care, experience and health outcomes of patients or improve the working environment for our health care providers.***

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Department Manager: \_\_\_\_\_

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

Signature: \_\_\_\_\_

General Manager/Director/Professional Leader: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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**A separate application form must be used for each request.**

Applications will not be accepted without item quote and needs statement.

**Deadline for applications is May 9<sup>th</sup>, 2025 by 4:00 pm.** Draws will be made June 17<sup>th</sup>.

Please submit completed applications to SPH Foundation Office, SPH Main Floor.

# St. Paul's Hospital Foundation Annual Draws List of Departments



4B Surgery  
5 Medicine  
5A Surgery  
5B Surgery  
6 Medicine  
7 Medicine  
Administration  
Ambulatory Care  
Building Services  
Chronic Kidney Disease and Home Dialysis  
Clinical Engineering  
Day Surgery  
Diagnostic/Medical Imaging  
Emergency  
Endoscopy  
Environmental Services  
First Nations & Metis Health  
Health Information Services  
Hemodialysis In center/Plasmapheresis/Cameco Community Renal Health Center  
Intensive Care Unit  
Interprofessional Practice  
Laboratory  
Medical Device Reprocessing  
Mental Health and Addiction Services  
Mission  
Non Invasive Cardiology  
Nursing Practice/Education  
Nutrition and Food Services  
Ostomy and Wound Care  
Pharmacy  
Post Anesthesia Care Unit  
Protective Services  
Pulmonary Function Lab  
Rapid Access Addiction Medicine  
Respiratory Therapy  
Staff Safety, quality and safety  
Surgical Suite  
Switchboard/Visitor Information  
System Flow  
Transplant  
Urology Centre  
Vascular Laboratory  
Volunteer Services  
Supply Chain Management