



Covenant
FOUNDATION



FISCAL 2024-2025 ENHANCED PATIENT AND RESIDENT CARE GRANT PROGRAM GUIDELINES AND APPLICATION

Covenant Foundation partners with the community to transform health care and create vibrant communities of health and healing at Covenant Health, Covenant Care and Covenant Living facilities throughout Alberta.

Enhanced Patient and Resident Care Grants support specialized initiatives, programs, items, and equipment that directly enhance patient and resident care at Covenant Health, Covenant Care and Covenant Living facilities.



PROJECT ELIGIBILITY

Applicants should apply for funding through the Enhanced Patient and Resident Care Grants (EPRC) grant stream if their project:

- Is small (in budget and/or scope), and
- Is site-specific, and
- Directly enhances the comfort and care of patients, residents, families, caregivers and staff at a Covenant facility

WHAT WE DON'T FUND

- ✗ Core health programs, services, equipment, and operations
- ✗ 'Standard of care' items
- ✗ Routine maintenance or renovations not associated with a larger project or strategy
- ✗ Projects that use Foundation dollars for third-party funding

WHO WE FUND

Covenant Foundation proudly supports Covenant Health, Covenant Care and Covenant Living at 21 Covenant facilities across Alberta.

- Buffalo Grace Manor
- Banff Mineral Springs Hospital
- Chateau Vitaline
- Edmonton General Continuing Care Centre
- Evanston Summit
- Foyer Lacombe
- Grey Nuns Community Hospital
- Holy Cross Manor
- Martha's House
- Misericordia Community Hospital
- Saint-Thomas Health Centre
- St. Joseph's Auxiliary Hospital
- St. Joseph's General Hospital
- St. Joseph's Home
- St. Marguerite Manor & Dulcina Hospice
- St. Michael's Health Centre
- St. Teresa Place
- St. Therese Villa
- Villa Caritas
- Villa Marie
- Youville Home



FUNDING SELECTION

EPRC grant applications are reviewed against the following criteria, as well as a priority assessment of each application made by Covenant Health, Covenant Care and Covenant Living.

EPRC grant application review criteria:

- impact the grant will have on patient or resident care
- the amount of the request
- the priority ranking by the Covenant family
- donor palpability, and
- presence of existing funds at Covenant Foundation that can be used.

Applicants will be notified of all successful grants, including approved budget, reporting requirements, grant term and other conditions of funding in April, 2024.

DEADLINES FOR SUBMITTING

Completed EPRC grant applications must be submitted to the appropriate Senior Director of Operations or Senior Leadership Team member. Please consult the appropriate Senior Director of Operations or Senior Leadership Team member to inquire about the deadline for submission.

The Covenant Foundation Board of Directors will make its final funding decision in late March 2024.

Covenant Foundation requests a complete package of all grant applications from the Covenant family be submitted no later than **January 19, 2024**.

Suite #170, One Twelve Campus, 10130 112 Street NW, Edmonton, Alberta, T5K 2K4
780-342-8126 | foundation@covenanthealth.ca

We welcome the opportunity to collaborate on applications submitted in prior years that did not receive funding from Covenant Foundation. Our goal is to provide guidance for future applications that leverage philanthropic relationships in order to move the needle on health priorities.



EPRC GRANT APPLICATION

This application form will also be used for processing grants for urgent requests and/or donor designated gifts.

For office use only: EPRC Urgent Donor Designated

Title of your EPRC Grant:

Facility:

Department/Unit:

AREA OF FOCUS

1. Please indicate which, if any, of the Covenant Foundation’s areas of focus this request aligns to:
(check all that apply)

- | | | |
|-----------------------------|--|-----|
| Mental Health & Addiction | Women & Children’s Health | N/A |
| Seniors’ Health & Wellbeing | Spiritual Care & Mission
(includes DEI projects,
Indigenous-related
projects, etc.) | |
| Palliative Care | | |
| Rural/Community Care | | |

TYPE OF REQUEST:

2. Please indicate what type of project this funding would be used to support. (Check all that apply)

- | | |
|-------------------------|------------------------------------|
| Research and Innovation | Specialized Programs |
| Specialized Equipment | Specialized Training and Education |
| Enhanced Spaces | Other |

3. Is this request for a replacement of an existing piece of equipment?

Yes No



SUMMARY OF YOUR PROJECT

4. Provide a brief description of your project. Be sure to include the need it addresses and how it will enhance patient and resident care.

5. Which units, departments, areas and/or Covenant facilities will this request impact?

IMPACT

6. How will this project enhance the delivery of patient or resident care?

7. How many people, patients, residents do you estimate will be impacted by this request?



BUDGET

8. Please attach a current quote from the vendor to your application

Item:

Description:

Cost:

GST:

Shipping:

Total Request:

9. Will you be able to complete all purchases associated with this request and meet the invoicing deadline of March 31, 2025?

Yes

No

COMPLETE THIS SECTION FOR OFF-CYCLE URGENT REQUESTS ONLY

10. Why should this request be considered urgent? Describe the consequences of not funding this project.

11. Have you exhausted all other avenues of funding?

Yes

No



APPLICANT(S) SIGNATURE

By signing this EPRC Grant Application, the applicant confirms:

- The information in the application is complete and accurate (to the best of their knowledge)
- They have the capacity, space and/or resources to complete this project
- They will publicly acknowledge and recognize Covenant Foundation's contribution and support of this project
- If an award is made, the applicant will comply with the terms and conditions of the funding (i.e., reporting)
- If an award is made, the applicant will use the grant only for the purposes for which it was intended
- If an award is made, the applicant will connect the Foundation with spokespeople (patient, resident, family, doctors, etc.) to support the production of marketing, promotion, and storytelling materials in a timely manner (if requested)

Name

Title

Signature

Date

Email

APPROVALS

- Applicants are responsible for ensuring that all of Covenant Health, Covenant Care, or Covenant Living's internal approval requirements are met. If your project includes renovations to facilities, Capital Planning-Capital Management approval is required.
- Obtaining signatures for a funding request may be time-consuming; please ensure that you allow adequate time for this process.



FISCAL 2024-2025
**ENHANCED PATIENT AND RESIDENT CARE
GRANT PROGRAM GUIDELINES AND APPLICATION**

By signing this EPRC Grant Application, the SOO/Director/Corporate Lead/Capital Planning confirm:

- The information in the application is complete and accurate (to the best of their knowledge)
- They have the capacity, space and/or resources to complete this project
- They will publicly acknowledge and recognize Covenant Foundation’s contribution and support of this project
- If an award is made, the applicant will comply with the terms and conditions of the funding (i.e., reporting)
- If an award is made, the applicant will use the grant only for the purposes for which it was intended
- If an award is made, the applicant will connect the Foundation with spokespeople (patient, resident, family, doctors, etc.) to support the production of marketing, promotion, and storytelling materials in a timely manner (if requested)

SENIOR DIRECTOR OF OPERATIONS PRIORITY RANKING AND APPROVAL

Name

Title

Signature

Date

Email

Priority Ranking:

1

2

3

4

5

Low Priority

High Priority

SENIOR LEADERSHIP TEAM PRIORITY RANKING AND APPROVAL

Name

Title

Signature

Date

Email

Priority Ranking:

1

2

3

4

5

Low Priority

High Priority



CAPITAL MANAGEMENT APPROVAL (IF APPLICABLE)

Name

Title

Signature

Date

Email