

# Perth Children's Hospital Foundation Annual Grants Round FY25



## Application Endorsement Form

**Part A: To be completed by the applicant prior to providing the form to your Head of Department / Delegated Authority / CAHS CE.**

Primary Applicant (Name and position)	
Department	
Application ID (from SmartyGrants)	
Project Title	
Amount of Funding Requested	
Type of Grant	<i>Grant types include: Ground-Breaking Research; Innovative Education and Training; Positive Patient Experiences; World Class Expertise; Innovative Medical Equipment; Innovative Non-Medical Equipment</i>
CAHS Strategic / Priority Alignment	<p>Please highlight any CAHS Strategic Objectives / Priorities that relate to your project:</p> <ul style="list-style-type: none"> <li>• Care for children, young people and families</li> <li>• Value and respect our people</li> <li>• Provide high-value healthcare</li> <li>• Promote teaching, training and research</li> <li>• Collaborate with our key support partners</li> <li>• Other</li> <li>• N/A.</li> </ul>

**Part B: To be completed by:**

- **Head of Department / Delegated Authority for funding applications up to \$149,999.**  
***Note: Research applications must be signed by the Delegated Authority***
- **Head of Department / Delegated Authority and CAHS Chief Executive for funding applications for \$150,000 or more.**

### Eligibility Criteria

I confirm that this Perth Children's Hospital Foundation grant application meets the following Eligibility Criteria:

- The project has received all relevant CAHS approvals prior to submission (e.g. finance, Medical Technology and Management Unit/Product Evaluation Standardisation Committee, etc.)
- The project will be delivered by a CAHS employee
- The project will be delivered within CAHS sites or CAHS-approved sites/administering institutions

- The project does not form part of CAHS's core day-to-day operations, clinical positions, or equipment
- The project has not previously been funded by CAHS or the government
- The project does not seek funding for personal academic studies such as diplomas, undergraduate, or higher degrees



**Funding Conditions**

I commit to supporting in the primary applicant and/or CAHS in meeting the following grant conditions if this project is funded by the Foundation:

- Review drafts of written material to be used by the Foundation to promote fundraising for the project.
- Provide progress reports and a final acquittal report outlining outcomes of the project as directed by the grant agreement letter.
- Ensure the project is delivered with outcomes available within the agreed project time period.
- Provide contact details of patients/families or project participants who will benefit from the project so they can be approached for their story to be included in funding proposals to potential donors should those provided in the application not be suitable or available.
- Facilitate donor engagement opportunities such as hosting ward/department/clinic tours for donors and attending/speaking at thank you presentations with donors.
- Provide content and participate in content creation (including videography and photography) for traditional media, digital media and social media opportunities.
- Encourage staff members, family or patients to appear in publicity materials e.g. articles, photographs, videos, quotations, media opportunities, etc.
- Acknowledge Perth Children's Hospital Foundation and any of its donors aligned with the project as the source of funding in all media articles, publications, and promotional material related to funded activities, in a manner agreed by both parties.
- Submit grant claims quarterly in arrears unless otherwise agreed by PCHF.

**By signing below, you confirm that you approve and endorse the above application to be submitted to the Perth Children's Hospital Foundation for funding consideration, confirm CAHS approvals have been obtained as relevant to the project, and commit to supporting the project delivery as detailed in the application.**

Head of Department / Delegated Authority Signature ✓ <i>Non-research applications may be signed by the HoD or Delegated Authority.</i> ✓ <i>Research applications must be signed by the Delegated Authority.</i>	<i>If you are both the Primary Applicant and Head of Department, please obtain the signature from your Delegated Authority</i>
Head of Department / Delegated Authority Name	
Date of Signature	
CAHS CE Signature <b>(applications \$150,000+ only)</b>	
CAHS CE Name	
Date of Signature	