

# Perth Children's Hospital Foundation

## Annual Grants Round FY26



### Endorsement Form for Non-Research Applications

**Part A: To be completed by the applicant.**

**Note: All applications for funding must be approved in accordance with ID MS 04 of the CAHS Authorisations and Delegations Schedule**

Primary Applicant Name and position			
Primary Applicant Signature and date			
Department			
Head of Department Name and Position			
Head of Dept. Approval Signature and date			
Application ID (from SmartyGrants)			
Project Title			
Amount of Funding Requested			
Type of Grant (circle project type you are seeking funding for)	Innovative Education and Training Programs	Positive Patient Experiences	Innovative Equipment and Technology
CAHS Strategic / Priority Alignment (as per CAHS Strategic Action Plan 2024-2025)	Please circle any CAHS Strategic Priorities that relate to your project: <ul style="list-style-type: none"> <li>• Person-centered care</li> <li>• Inclusivity, diversity and equity</li> <li>• Organisational culture</li> <li>• High performance</li> <li>• Prevention and early intervention</li> <li>• Workforce capability, capacity and development</li> <li>• Contemporary models of care</li> <li>• External partnerships</li> </ul>		

## Part B: To be reviewed and signed as per table below.

Requested Funding Level	Delegation Level (Tier)	Positions Within the Tier
Up to and incl. \$25,000	Tier 3	Chief Co-Director Director Coordinator of Nursing (excluding community health) General Counsel
Up to and incl. \$1,000,000	Tier 2	Executive Director Director Office of the Chief Executive
Up to and incl. \$5,000,000	Tier 1B	Chief Executive
Above \$5,000,000	Tier 1A	CAHS Board

## 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 the appropriate section 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.**

### Delegated Authority Signatories

Sign the delegations required as specified in the [CAHS Authorisations and Delegations Schedule](#).

- Lower-level tier approval is also required for applications requiring approval from higher tiers. For example, Tier 3 and Tier 2 approval is required if escalating to the CE CAHS (Tier 1B).
- Sections where a signature is not required to be left blank.

#### Tier 3 (up to and including \$25,000)

Name	
Signature	
Date of Signature	

#### Tier 2 (up to and including \$1,000,000)

Name	
Signature	
Date of Signature	

#### Tier 1B (up to and including \$5,000,000)

Name	
Signature	
Date of Signature	

#### Tier 1A (above \$5,000,000)

Name	
Signature	
Date of Signature	