

# Grant Application Form

## Grant Round: Q3 2023

### Section 1. Applicant Details

Applicant Name	
Job title	
MMUH Department	
Email	
Phone	
Mobile	

All grant applications above €5,000 will be submitted to the Mater Hospital Foundation's Project Appraisal Committee (PAC) for review.

Applications under €5,000 will be subject to a separate review process.

All information regarding our grant process including timelines can be found on our website:  
[www.materfoundation.ie/grants-process](http://www.materfoundation.ie/grants-process)

### Pillars of Funding

Applications must meet one of the Mater Hospital Foundation's core pillars of funding to be considered:



New Services & Hospital Redevelopment



Advancing Medical Equipment



Patient Family & Staff Support



Research & Innovation

All grant applications should be emailed to [grants@materfoundation.ie](mailto:grants@materfoundation.ie)

All questions about applying for a grant should be directed to the Mater Hospital Foundation's Grants Specialist, Ciara McConnell  
[grants@materfoundation.ie](mailto:grants@materfoundation.ie)

## What can I apply for funding for?

All applications will be reviewed & scored against criteria which take into account the MMUH's and supporters' priorities. Grants awarded will also depend on funds available.

Ineligible for funding	Eligible for funding
Living Costs, Funeral Costs or repayment of debt	Patient Impact & Engagement Programmes
Warranty & Repair Costs	Equipment
Consumables/Maintenance Costs	Clinical Technology
Operational & Warranty ICT Costs	Education & Training for staff
Subscriptions Costs	New & Emerging Medical Technologies
On-going Salary Costs	Innovations In Health
Parties, Alcohol, Staff Presents	Capital Development
Purchase of buildings or land	Translational Research

## Submitting Your Application

**Please tick the boxes to confirm you have read & understood the following:**

- ✓ All applications must be typed & completed in full
- ✓ All applications must be signed by applicant
- ✓ All applications must be approved by a department manager in advance of submission (Operations Manager, Directorate Nurse Manager, Clinical Lead)
- ✓ All applications must be accompanied by appropriate supporting documentation
- ✓ N/A should be inserted in sections that are not relevant to your application
- ✓ All applications to be emailed to: [grants@materfoundation.ie](mailto:grants@materfoundation.ie)
- ✓ Additional information may be provided in a separate document.

**Please return completed application via email to [grants@materfoundation.ie](mailto:grants@materfoundation.ie) before Friday, 15<sup>th</sup> September at 5pm**

**All questions in relation to grants & the application process should be emailed to [grants@materfoundation.ie](mailto:grants@materfoundation.ie)**

***Incomplete applications will NOT be considered***  
***Handwritten applications will NOT be considered***  
***Applications submitted to other email addresses will NOT be considered***

**Applicants will be informed of the outcome of their application before December 2023.**

## Section 2. Project Summary

Please tick relevant box

Project cost: Under €5,000 ☐

Project cost: Over €5,000 ☐

<b>Project Title</b>		
<b>Brief Description</b>		
<b>Project Timeline</b>	<b>Start Date:</b>	<b>End Date:</b>
<b>Total Project Amount</b>	€ (Including VAT)	
<b>Amount being Requested*</b>	*From the Mater Hospital Foundation	

### Funding Pillar

Which of the Mater Hospital Foundation's Funding Pillars does this application fall within?

New Services & Hospital Redevelopment		Patients, Family & Staff Support	
Advancing Medical Equipment		Research & Innovation*	

**\*If your project is research focused and you are applying under The Mater Hospital Foundation's Research pillar, you will be required to seek approval from The Pillar Centre at MMUH in advance of submitting your application.**

### Supporting Documentation

Please specify which supporting documentation you have provided with this request

Supplier Quote (Preferred)		Receipts	
----------------------------	--	----------	--

Supplier Invoice	
------------------	--

Other (please specify)	
------------------------	--

Other supporting documentation – please specify

**Need: Please tell us why this project is needed.**

*What is the need, challenge or opportunity that this project aims to address for MMUH patients?*

**Design: How will the project be designed and implemented to address the need, challenge or opportunity?**

*Please directly link the project design and implementation back to the need outlined in the above question.*

**Outcomes: Please tell us what outcomes (qualitative & quantitative) you are aiming to achieve with this project.**

*How will these outcomes be measured? How will impact data be collected during and after the project?*

**Evidence: What is the evidence base for this project?**

*Please include any reference to external sources and examples of work that has already demonstrated promise of positive impact.*

## Section 3. Patient Impact

How many patients do you anticipate to impact through this project?

Please elaborate on both the direct and indirect impact that this project will have for patients in MMUH.

Please describe the impact this project will have for patients' families (if applicable).

**Patient Story: Is there a patient story to illustrate and demonstrate the importance of this project?**

YES

☐

NO

☐

**If yes, please provide brief description below**

## Section 4. Staff Impact

**How many staff do you anticipate to impact through this project?**

**Please elaborate on both the direct and indirect impact that this project will have for staff in MMUH.**

**Project Champion:** Is there a MMUH staff member who will champion this project and explain the clinical benefits of this project to supporters & other interested audiences?

YES

☐

NO

☐

If yes, please provide contact details below

**Name:**

**Department:**

**Phone**

**Email:**

## Section 5. Hospital Impact

**Is this project innovative in its' aims &/or approach?**

*Does your project represent an innovation in MMUH? Is it an innovation in the wider medical field (national or global)?*

**Is this project a once-off?**

*Consider (funding dependent) the longer-term sustainability of the project. Is the aim to build a case for support for future service delivery in MMUH?*



## 5.1 Project Implementation

**Have you considered the impact on other staff/ departments and consulted with them to ensure your project is realistic, encompasses all costs/resourcing requirements and can be implemented within your target timeline?**

YES	NO	
<b>If yes, please provide contact details of staff below (where relevant)</b>		
Department*	Name of Person Consulted	Email
Your line manager		
Operations Manager		
Dept Clinical Lead		
Finance		
ICT		
Human Resources		
Estates & Facilities		
Clinical Engineering**		
Procurement/Purchasing		
MMUH Exec		
Health & Safety		
MMUH Pillar Centre***		

\*Only relevant departments require consultation

\*\*Equipment in excess of €25k will need to go through the MMUH tendering process. Ensure you have consulted the Clinical Engineering Department in advance of submitting an application.

\*\*\***Only** to be completed by for projects applying under the 'Research' pillar of MHF

### Project Team

*Please include contact details for the Key Contacts involved in the implementation of the project*

Name	Position	Phone	Email

## Section 6. Fundraiser Impact

The Mater Hospital Foundation's annual grant rounds aim to identify and select critically important projects for support, ensuring that the donations received from our supporters deliver impact across the Mater Hospital campus. Future grant rounds are dependent on this continued assistance from our supporters and therefore, it is imperative that we can demonstrate impact by showcasing previous awardees.

**In light of this, does your project have the ability to be a showcase project for The Mater Hospital Foundation in its' future fundraising?**

*Will your project resonate with supporters of The Mater Hospital Foundation? Does it represent a critical need in the hospital?*

*Please link your answer and project back to the Mater Hospital Foundation's core pillars of funding.*

## Section 7. Project Budget

### 7.1 Detailed Breakdown of full project costs (in Euro)

*Additional information may be provided in a separate document*

#### 7.1.1 Staff Costs

Description	Year 1	Year 2	Year 3	Total
Salary *				
PAYE/PRSI †				
Other				
<b>Total per year</b>				

\* Please ensure you discuss with HR/ERIL to determine all costs involved and detail accordingly.

† Current Employer PRSI costs total 11.05%

#### 7.1.2 Equipment Costs

Description	Year 1	Year 2	Year 3	Total
Equipment				
Extras Required				
Other costs:				
<b>Total per year</b>				

#### 7.1.3 Consumables / Materials Costs

\*Mater Hospital Foundation do not provide funding for these costs

Description	Year 1	Year 2	Year 3	Total
<b>Total per year</b>				

#### 7.1.4 Other costs

Description	Year 1	Year 2	Year 3	Total
<b>Total per year</b>				

#### 7.1.5 Total project cost per year (in Euro)

Year 1	Year 2	Year 3	Total



## Section 8. Supporting Documentation

Please list the supporting documentation you are submitting as part of this application:

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

## Section 9. Submission Declaration

- I confirm that I have read, understood & completed the application in full.
- I confirm all information contained within this application is correct, to the best of my knowledge and can be used by the Foundation for the purpose of fundraising & supporter feedback.
- I confirm all relevant departments have been consulted in relation to the implementation of this project.
- I confirm my line manager is aware and in support of this project.
- I confirm that MMUH Executive are aware and in support of this project (where relevant)
- I confirm I have listed all costs in relation to the project & provided relevant supporting documentation.
- I confirm my application has been reviewed & approved by a department manager in advance of submission (Operations Manager, Directorate Nurse Manager, Clinical Lead etc.)

Department Manager Contact Details:	
Name	
Job Title	
Email	
Phone	

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**