

Section A - Applicant's Information

Name

Position

Phone

E-mail

Worksite/Facility Name

Address

Department Name

Department Cost Centre

Section B - Project/Equipment Information**Name of project/equipment:****Area of Care/Department the project/equipment will support** (if multiple, please list all):

Describe the project/equipment being requested and its purpose. What does the request solve or provide that is not currently available?

Photo(s) of equipment/items if relevant (this can be a screen shot from a product brochure/online source):

Provide a brief description of the impact and benefit of the project/equipment. Will this impact a specific group of patients/patient population? Include number of patients/people impacted and how it will impact them (better treatment, reduction of travel outside of Kelowna, quality improvement, etc)

