



## Comfort in Care™ 2026 Grant Application Form

The Health Care Foundation's **Comfort in Care™** program provides funding for items that enhance the comfort and well-being of patients, residents, and families.

Through the generosity of our donors and philanthropic community, we are pleased to offer **\$100,000** in Comfort in Care™ grants for 2026. Thanks to **belairdirect** for their ongoing support.

This year, we have an additional **\$10,000** in grant funding from our recent Brunch with the Bags™ event, which will be directed specifically to women's health initiatives.

A special thank you for the generous contribution from **MedSurg Solutions Inc.**, a **Pulse Oximeter – RAD5 (valued at \$900)** which will be awarded as a dedicated grant. If you would like to be considered, please indicate on page 2 of this application.

### ELIGIBILITY

To qualify for a grant:

✓ You must work at a facility supported by the Health Care Foundation, including:

- Caribou Memorial Veterans Pavilion
- Dr. L. A. Miller Centre
- Dr. Walter Templeton Health Care Centre
- Health Sciences Centre
- Kidney Care Centre
- Le Marchant House
- Mental Health and Addictions Centre
- Nuclear and Molecular Medicine Facility
- Pleasant View Towers
- St. Clare's Mercy Hospital
- Unity Health Centre

✓ Each grant funds up to **\$2,500** per item.

✓ Requests exceeding **\$2,500** must include confirmation that additional funding will come from:

- Department budgets;
- Department-hosted **Healthy Leg Day** events; and/or
- **Comfort in Care™ Fundraising Initiatives.**

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### APPLICANT INFORMATION

*(Please print).*

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Site/Facility: \_\_\_\_\_

Unit/Work Area: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work E-mail: \_\_\_\_\_





**Replacement Request:** Is this item replacing existing equipment?

Yes  No

**Total Amount Requested:** \$ \_\_\_\_\_ (Include taxes, freight, delivery, and installation costs).

**Have you obtained a price quote from a supplier?**  Yes\*  No

*\*A minimum of one price quote is mandatory and must be attached to your application form.*

### MANAGEMENT APPROVAL SECTION

*(Please have the manager of your unit or area complete the following section, then forward to the program director for signature as indicated below)*

#### Manager Approval

By signing this form, I acknowledge that the application does meet the eligibility requirements as stipulated in the *Comfort in Care™* application guidelines.

**Manager's Name (please print):** \_\_\_\_\_

**Manager's Signature:** \_\_\_\_\_

**Manager's Phone/Pager Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Site:** \_\_\_\_\_

**Does your application require you to receive approval from Infrastructure and Facilities Management?**

Yes  No

#### Infrastructure and Facilities Management Approval

*(If applicable.)*

By signing this form, I acknowledge that the requested item(s) will have an additional cost for installation.

Yes\*  No

*\*If yes, how much:* \_\_\_\_\_

**Director's Name (please print):** \_\_\_\_\_

**Site and Office Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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



## IMPORTANT NOTES

- Approved items will be procured through **NL Health Services** in accordance with the **Public Tendering Act** and may differ from the exact item requested.
- Grant recipients must submit the completed purchase requisition form to NL Health Services Purchasing by **December 31, 2026**.
- Departments will have **one year** to secure any additional funding needed beyond the grant amount.
- Equipment requiring installation (e.g. televisions, mounts) must receive prior approval from **Infrastructure and Facilities Management**, with installation costs included in the request.

## APPLICANT CERTIFICATION

**By submitting this application, I certify that:**

- All information provided is accurate, and supporting documents are attached.
- If awarded, I consent to participate in promotional activities for Comfort in Care™.
- I will provide an impact statement and a photo to the Health Care Foundation in a timely manner upon receiving the grant.

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**Applicant Signature**

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**Date**

## SUBMISSION DETAILS

- Completed applications and supporting documents must be submitted by **Friday, June 26, 2026** to **Gennette Martin** – [hcf@healthcarefoundation.ca](mailto:hcf@healthcarefoundation.ca).
- For inquiries, contact the Health Care Foundation office at **(709) 777-5901**.
- **Incomplete applications** (missing dollar amounts, quotes, or approvals) **will not be considered**.
- **Successful applicants** will be notified by **August 15, 2026**, via email.