Seeking Philanthropic Support from the QEII Foundation

Submit a Strategic Initiative Proposal

Use this form to propose initiatives for consideration by the QEII Foundation for philanthropic investment.

Instructions: This form is to be completed by the initiative lead or initiative team at the Nova Scotia Health/QEII Health Sciences Centre seeking philanthropic support through the QEII Foundation. It provides a structured approach for assessing proposed initiatives based on strategic alignment, potential impact and organizational readiness. Please complete all sections with as much detail as possible.

By submitting this form, you acknowledge and agree that your name, title, phone number and email may be shared with individuals at the QEII Foundation, Nova Scotia Health and the QEII Health Sciences Centre involved in the assessment process.

If you have any questions, please contact us at the QEII Foundation by emailing info@qe2foundation.ca with the subject line: **Submitting an Initiative for Funding Consideration.**

SECTION 1: General Information

Name of Initiative:

Location of Service/Initiative:

Department:

Initiative Lead Name:

Division:

Initiative Lead Title:

Sub-Specialty:

Initiative Lead Email:

Initiative Team (list team members names and titles):

Date of Submission:

SECTION 2: Initiative Overview

Provide a concise summary of the initiative **(max 500 words)**. Your response should clearly describe:

- The problem or opportunity the initiative is intended to address
- The patient population(s) and/or care setting(s) impacted
- The clinical, operational, or system context and rationale for the proposal
- The anticipated timeline for implementation, including proposed start date, key milestones (if applicable), and expected project completion date

Please focus on the purpose, value, and scope of the initiative rather than technical or budget details, which will be addressed in later sections.

SECTION 3: Measurement and Evaluation

This section is to be completed by initiatives with a total budget exceeding $10,000.

Describe how the expected impact of this initiative will be measured and reported. If funded, Initiative Lead(s) must be prepared to provide regular progress and impact reports to the QEII Foundation and Nova Scotia Health/QEII Health Sciences Centre leadership.

The QEII Foundation will request annual progress updates and a final report at completion. You may also be contacted periodically to support donor reporting, organizational learning or media and stakeholder engagement.

1. **Magnitude of Benefit:**
    - Describe the expected improvement in patient/provider outcomes, experience, efficiency or quality of care.

- Where possible include specific and measureable indicators *(e.g., 10% reduction in wait times, improved patient satisfaction scores, decreased complication rates, etc.).* If available, include baseline data, benchmarks or reference points.

- Indicate how anticipated benefits align with one or more Action for Health strategic priorities *(e.g., access and flow, advancing equity, strengthening the health workforce, leveraging data and innovation and/or ensuring system sustainability)*.

2. **Population Reach:**

   - Estimate the number and type of patients, staff or communities who will be directly or indirectly impacted by the initiatives. Note any populations that may experience disproportionate benefit, including equity-deserving groups, where applicable.

SECTION 4: Operational Considerations

Please address the following operational and logistical considerations. For each area, indicate whether applies to your initiative and provide comments as appropriate.

1. **Space and Facilities:** Does this initiative require new or modified physical space?

   Yes No To be determined

   If yes or to be determined, please describe:

   - Renovations, new construction, or repurposing of existing space
   - Facility upgrades required *(e.g., utilities, ventilation, infection prevention and control considerations)*
   - Accessibility requirements or other environmental considerations

   Comments:

2. **Equipment:** Does this initiative involve new or replacement equipment?

   Yes No To be determined

   If yes, please indicate:

   - Whether this is new equipment or replacement of existing equipment
   - Confirm inclusion on the Nova Scotia Health Central Zone Capital Equipment List. If not, please provide rationale or indicate steps taken to initiate the process.

   Comments:

3. **Information Technology and Privacy:** Does this initiative require new or modified information technology systems or digital infrastructure?

   Yes No To be determined

   If yes or to be determined, please describe:

   - Required IT systems, software, or digital platforms
   - Any implications for data privacy, cybersecurity, or information management (e.g., cloud-based solutions, network-connected equipment, patient data)

   Note: All digital solutions must be reviewed through Innovation and IM/IT.

   Comments:

SECTION 5: Financial Considerations

Provide a high-level overview of the financial requirements for the proposed initiative. Estimates are acceptable at this stage.

1. **Resources Requiring Funding**

   Describe the key resources required to implement this initiative. This may include, but is not limited to:

   - Staffing *(e.g., clinical, administrative, project support)*
   - Technology or digital infrastructure
   - Space or facility modifications
   - Equipment or supplies

Comments:

2. **Estimated Budget**

   Provide the estimated total budget for the initiative. Where possible, include a brief breakdown by major cost category.

   - All amounts should be provided in Canadian dollars.
   - Attach vendor quotes or cost estimates if available

   Estimated total budget (CAD):

3. **Sustainability and Long-Term Support**

   Describe how the initiative will be sustained beyond the initial philanthropic funding period. Please consider:

   - Ongoing operational or staffing support
   - Integration into existing Nova Scotia Health systems, programs, or budgets
   - Anticipated future funding sources *(if applicable)*
   - Any dependencies or risks related to long-term sustainability

SECTION 6: Philanthropic Support from the QEII Foundation

1. Requested Philanthropic Support

What type of philanthropic support are you requesting from the QEII Foundation? *(Select all that apply)*

- Full initiative funding
- Partial initiative funding

  If requesting partial funding, please briefly describe the anticipated role of QEII Foundation support within the overall funding model *(e.g., seed funding, matching funds, catalyst for additional investment)*

Comments:

2. Other Sources of Funding

Please identify any other funding sources that have been secured or are being explored for this initiative *(e.g., internal budgets, government funding, research grants, industry partnerships, other philanthropic sources)*. Where applicable, indicate whether funding is confirmed or pending.

Comments:

3. QEII Foundation Engagement

A. Have you been working with anyone at the QEII Foundation to advance this initiative?

Yes No

If yes, please indicate the name(s) and role(s). *Note: Prior engagement with the QEII Foundation is not required to submit an initiative.*

B. Is NHS aware of and have they endorsed the proposed initiative?

Yes No

If yes, please attached a PDF letter of support or copy of an email from a Manager or Director confirming their endorsement

Comments:

SECTION 7: Additional Comments

Use this space for any other relevant information or supporting context.