

## Project Request Questions

In addition to completing the Project Request Form, please answer the following questions in a document to be submitted to the Foundation's Board of Directors. Please use the headings below in your response, and note that the word "item" can refer to a product, service, infrastructure, software system, therapy, etc.

### General Description

1. What is the Requested Item?
2. Where will the item be used within the hospital?
3. Who is the intended audience and how will the item be used, what is its indication?

### Benefits

4. What is the benefit or advantage of having this item at the hospital over existing treatment, equipment, hospital situation, etc...?
5. What is the expected lifetime or duration of use of this item?

### Analysis

6. How long has this item been available for use in Canada?
7. Please explain the extent or experience of use of this item in Canada and in the rest of the world.
8. What is the track record of the specific item that you are proposing? Is this a new or novel approach to healthcare? Please explain.
9. Does this item require regular maintenance or upgrades and if so, what is the expected schedule for this item for the duration of its life?
10. Do you have objective references that you trust for the specific item? Please elaborate.

### Alternatives

11. What are similar items or services to the one you are proposing?
12. What are the costs and benefits of similar/alternative/competitive items?
13. Please explain why you selected this particular item over the alternatives.

### Funding/Cost

14. Did you try to seek other sources of funding for this item, prior to this request? Please elaborate.
15. Do you have other sources of funding for this item, or is this request for 100% coverage of the project?

SOUTIEN DES FONDATIONS  
PROJETS CIUSSS ODIM

SUPPORT FROM FOUNDATIONS  
WI IUHSSC PROJECTS

INFORMATION GÉNÉRALE GENERAL INFORMATION	Date :				
	Nom de la fondation   <i>Name of the Foundation</i> : <b>Fondation Hôpital général du Lakeshore</b>				
	Personne responsable à la Fondation : <i>Person in charge at the Foundation:</i>	Nathalie Kamel	Personne responsable au CIUSSS ODIM : <i>Person in charge at the WI IUHSSC:</i>		
DESCRIPTION DU PROJET PROJECT DESCRIPTION	Nature du projet : <i>Project type:</i>	<input type="checkbox"/> Équipement   <i>Equipment</i> <input type="checkbox"/> Infrastructure <input type="checkbox"/> Recherche   <i>Research</i> <input type="checkbox"/> Art <input type="checkbox"/> Autre   <i>Other</i>			
	Date prévue d'exécution ou de mise en place : <i>Expected date of execution or implementation:</i>				
FINANCEMENT   FUNDING	Estimation des coûts   <i>Estimated costs</i> :				
	1) Coût initial   <i>Initial cost</i>		\$		
	2) Coût d'installation   <i>Cost of installation</i>		\$		
	3) Coût d'entretien   <i>Cost of maintenance</i>		\$		
	4) Coûts opérationnels   <i>Operational costs</i>		\$		
	5) Autres   <i>Other</i>		\$		
	TOTAL				
Financement <i>Funding</i>	Fondation : <i>Foundation:</i>		CIUSSS ODIM : <i>WI IUHSSC:</i>	\$	
Signature demandeur / <i>Requester's Signature:</i>			Date :		
Signature du chef de la direction demandant le soutien / <i>Chief's Signature:</i>			Date :		
Signature CIUSSS ODIM / <i>Signature WI IUHSSC:</i>			Date :		
Signature Fondation / <i>Signature Foundation:</i>			Date :		