Centre intégré
universitaire de santé
et de services sociaux
du Centre-Ouestde-l'fle-de-Montréal

Québec



# CALL FOR PROJECT FUNDING Jewish General Hospital Users' Committee

As part of its activities, the Jewish General Hospital (JGH) Users' Committee periodically issues a call for projects to support its mandate. If you have a project that meets the needs of patients or improves patient care or services, please send it to us.

#### MANDATE OF THE JEWISH GENERAL HOSPITAL USERS' COMMITTEE

- 1. Inform patients of their rights and obligations.
- 2. Foster the improvement of the quality of services and care.
- 3. Assess patient satisfaction with regard to the services received from the hospital.
- 4. Defend the collective rights and interests of patients before the hospital authorities.
- 5. Accompany and assist a patient in resolving any dissatisfaction.

#### **ELIGIBILITY CRITERIA**

- The project must be guided by the interest of patients.
- The project must be consistent with the mandate of the JGH Users' Committee.
- The project must contribute to improving the quality of care and services offered to patients **OR** help inform them of their rights and obligations.
- The benefits for patients must be demonstrated.
- The project is conducted in partnership with the JGH Users' Committee and this partnership is recognized.

#### **EXCLUSION CRITERIA AND NON-ELIGIBLE EXPENSES**

- The Users' Committee cannot fund medical projects.
- Some expenses are not eligible such as cost related to the training of hospital staff, financial support for fundraisers related to specific diseases, recreational activities. For more details, please contact the JGH Users' Committee.

### **Jewish General Hospital Users' Committee**

@: comiteusagers.hgj@ssss.gouv.qc.ca

Telephone: 514-340-8222, extension 23090

Please complete the form and return it to us by email. We will inform you of the financing decision as soon as possible.

Improving together the quality of care and services for users benefits.





## PROJECT PROPOSAL FUNDING FORM

Date:	
1. Information on the applicant	
Contact Person:	
Department Name (if applicable):	
E-mail:	
Phone number:	
2. Amount requested	
Total amount:	
Budget breakdown:	
3. Aim of the project (5 lines max)	
7 min of the project (5 mies max)	





4.	Describe your project
5.	How can this project benefit patients? Please describe which patients are targeted by this
	project, an estimated number of patients who will benefit from it, and what kind of
	benefits are anticipated.
c	How does the project most the mandate of the ICU Heave' Committee?
0.	How does the project meet the mandate of the JGH Users' Committee?
	Do you intend to recognize the contribution of the JGH Users' Committee to the project? If
<u> </u>	so, how?