Letter of Support

The Letter of Support is to be completed by the CHQHHS Divisional or Executive Director, or equivalent at another HHS serving children.

|  |  |
| --- | --- |
| **Applicant Name** |  |
| **Organisation** |  |
| **Non-Research Activity Title** |  |
| **EOI Application Number (obtain from SmartyGrants)** |  |

## Eligibility criteria

I confirm that this Children’s Hospital Foundation Expression of Interest meets the following Eligibility Criteria:

* Applicant is an employee of CHQHHS or another Qld HHS serving children
* Outcomes from the activity benefit children’s health and/or the healthcare delivery provided by CHQHHS or other Qld HHS serving children
* The proposed non-research activity aligns with the strategies and priorities identified in the CHQ Strategic Plan 2016 – 2020
* The request is for once-off funding and will not be used for operational, recurrent costs
* Funding is being requested for activities which would not normally be funded by the HHS’s budget allocation for goods and services
* Funding is not being requested for: research projects / programs / infrastructure / support, educational resources or programs for healthcare professionals with a total budget of $20,000 or less, clinical equipment over $5,000, capital works, professional development, department staff salaries or expenses, gifts or expenses that would otherwise fall outside of Queensland Government purchasing guidelines
* The applicant is located in Australia and at least 80% of the funds will be expended on activity conducted within the State of Queensland

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of Person Providing Letter of Support (CHQ Divisional or Executive Director or equivalent)** | | | |
| Title | Given Names | | Surname |
|  |  | |  |
| Phone | | Email | |
|  | |  | |
| Position | | Institution Name | |
|  | |  | |

|  |  |
| --- | --- |
|  |  |
| Signature | Date |