

* PCTF * EQUIPMENT/EDUCATIONAL MATERIALS * APPLICATION *

Application Instructions

Dear PCTF Applicant,

We are thrilled that you are applying to the PCTF on behalf of your department to improve patient care in your hospital! Before beginning your application, please read these instructions and tips thoroughly to avoid an incomplete or incorrect application.

DO NOT fill out this electronic application before you have all the required information and documents as you cannot save the application and continue at a later date. If you want to fill out the application over an extended period of time, please use the PDF version available on the PCTF website. **DO NOT** press the back button on your browser as this may result in loss of information. Use the "previous" button on the form.

Application Checklist:

Applicant and Organization Information
Item Information (Primary and Alternate)
Item Justification (Primary and Alternate)
Price Quote from Vendor (Primary and Alternate)
Letter of Support, on hospital letterhead, signed by Program Director and COO

In order to have optimum flexibility in approving items from as many departments as possible, we are asking that you list the requested items in a variety of ways. First and foremost, the PCTF was created to address the hospital's NEEDS as identified by residents and other members of the staff. We therefore request that you list the requested items in order of the prioritized need, as determined by you as residents, for your respective departments. For budgetary considerations, we also ask that you categorize the items in terms of price. The price categories are Primary Items and Alternate Items. PCTF Trustees have the right to approve or reject any application.

Primary Item should cost \$5,000 or more and most likely be medical equipment. If there are accessories from the same vendor associated with the item, please separate information on the accessories by using commas in each respective field. If the items are from different vendors, please use the additional field below. It is necessary that you work with the administrators in your department/hospital to determine the appropriate vendor(s).

Alternate Item(s) should cost less than \$5,000. We understand that you may want to apply for multiple items that add up to \$5,000 (ex: books, DVDs, electronics). If the items are all from the same vendor, you may separate information by using commas in each respective field (as you would in the Primary Item section). If the items are from different vendors, please use the additional field below. It is necessary that you work with the administrators in your department/hospital to determine the appropriate vendor(s).

Please understand that the PCTF is not responsible for any ongoing maintenance of items purchased through the PCTF (as stated in the template letter from your Program Director). This logic extends to the renewal of subscriptions; when the PCTF approves a subscription, the intent is for the Program to renew the subscription if it is found useful. You may apply the following year to renew the subscription, but there is no guarantee the PCTF will approve it.

We look forward to seeing you Saturday, December 7, 2013 at 10AM for the Annual Equipment/Educational Material Application Meeting.

If you have any additional questions, do not hesitate contact our PCTF Coordinator Kalen Wheeler by email at kwheeler@cirseiu.org or by cell at (917) 880-3574.

Sincerely,
Your HHC PCTF Trustees

I have read all the Application Instructions. ☐

Contact Information

Applicant Full Name

Applicant E-mail

Applicant Cell Phone Number

Organization Information

Hospital

Department

Program Director/Chair Full Name

Program Director/Chair Email

Program Director/Chair Phone Number

Chief Operating Officer (COO) Full Name

Don't know who the COO of your hospital is? [Click here.](#)

COO Email

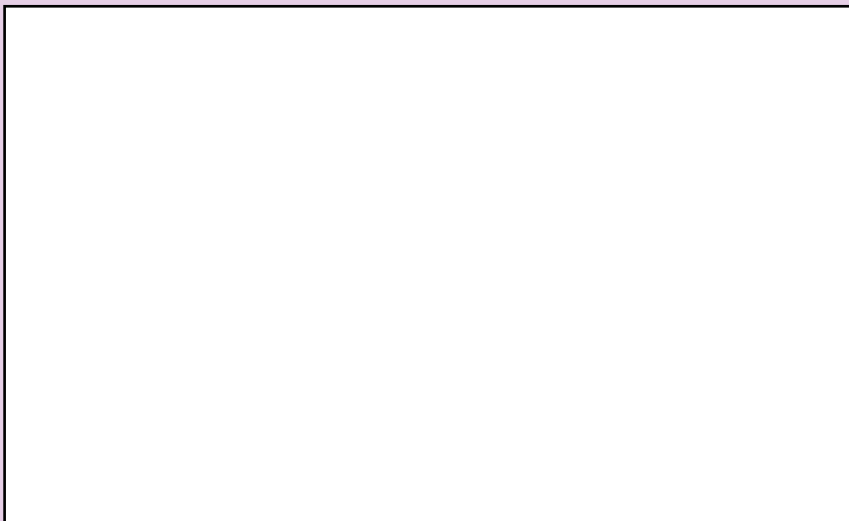
COO Phone Number

Primary Item(s) Request Justification (\$5,000+)

Please use commas to separate information on multiple items from same vendor. Use additional fields for item(s) from different vendor. If you put multiple items, rank priority in comment section.

Name of Item(s)	
Vendor	
Cost Estimate, Item(s)	
Cost Estimate, Tax	
Cost Estimate, Shipping	
Cost Estimate, Warranty (if applicable)	
Provide a brief description of requested item(s):	
Purpose of item(s): How does it meet a patient care and/or educational need?	

Where will the item(s) be delivered and located?

A large, empty rectangular box with a black border, intended for the user to provide details about the delivery location and where the item(s) will be located.

Name of Item(s)

Vendor

Cost Estimate, Item(s)

Cost Estimate, Tax

Cost Estimate, Shipping

Cost Estimate, Warranty (if applicable)

**Provide a brief description of requested
item(s):**

**Purpose of item(s): How does it meet a
patient care and/or educational need?**

Where will the item(s) be delivered and located?

Additional Comments

Alternate Item(s) Request Justification (up to \$5,000)

Please use commas to separate information on multiple items from same vendor. Use additional fields for item(s) from different vendor. The total of all items in the "Alternate Item(s)" section should not exceed \$5,000.

Name of ALTERNATE Item(s)

Vendor

Cost Estimate, Alternate Item(s)

Cost Estimate, Tax

Cost Estimate, Shipping

Cost Estimate, Warranty (if applicable)

Provide a brief description of requested item(s):

Purpose of item(s): How does it meet a patient care and/or educational need?

Where will the item(s) be delivered and located?

Additional Comments:

Name of ALTERNATE Item(s)

Vendor

Cost Estimate, Alternate Item(s)

Cost Estimate, Tax

Cost Estimate, Shipping

Cost Estimate, Warranty (if applicable)

**Provide a brief description of requested
item(s):**

Purpose of item(s): How does it meet a patient care and/or educational need?

Where will the item(s) be delivered and located?

Additional Comments:

Prioritized Item List Based on Need

Please use the fields below to list your items in order of preference. For example, which item would your fellow residents like to receive if your program were only granted one item in this application cycle? That Item should be listed as No. 1, and so on. You will be asked to provide pricing details later in the application.

- 1
- 2
- 3

4	
5	
6	

Required Documentation

**Program Director Letter of Support
(must include all items for which you are
applying, be on HOSPITAL
LETTERHEAD, and be SIGNED BY
Program Director and COO)**

Price Quote, Primary Item(s)

Price Quote, Alternate Item(s)

Additional Supporting Documents

Thank you!