**2024 Children’s Global Care Microgrant**

**Project Name:**

**Primary BCCH Staff Applicant Name:**

**Members of BCCH Staff Involved:**

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**Describe the Global Heath project/partnership.**

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**How will this microgrant be used to support life-saving and life-changing care to children?**

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**Please describe the pediatric population receiving care in terms of health status and demographics such as age, gender, socioeconomic background, and barriers to accessing care.**

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**Please include a brief budget of how this micro-grant will be used. (Maximum Microgrant $1,000)**

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| **Item** | **Amount** |
|  |  |
|  |  |
|  |  |
| Total |  |

**Please list any in-kind contributions towards this project.**

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**🞎 Our project team commits to providing a donor report on how the funds were used.**

**🞎 We commit to presenting academic rounds on the outcomes of this project.**

**The following are the conditions of this Microgrant:**

* **Recipient must provide a 500-word summary (microgrant report) on how the funds were used within 3 months of the end of the project.**
* **Recipient will be asked to attend a special rounds or lunch & learn to present on the project.**
* **Expenses must adhere to the PHSA expense policies.**
* **Expenses will be reimbursed by:**
  + **A mailed cheque with receipt submissions by email to IGH-BCCWH at** [**globalhealth@cw.bc.ca**](mailto:globalhealth@cw.bc.ca) **or**
  + **Journal vouchers to a PHSA account or**
  + **Payment to a UBC account by invoice or**
  + **Payment to a locally registered entity (business or NGO) by invoice**