

**GORDON AND PEARL  
WOODCOX**

**DIABETIC FUND**

# **GORDON AND PEARL WOODCOX Quinte Healthcare Trenton Memorial Diabetic Application Guide**

## **Background**

Gordon Edward Woodcox was a retired lockkeeper on the Trent/Severn Canal who passed away on February 26, 1998. He was predeceased by his wife Pearl in 1986. Mr. Woodcox is survived by his three daughters and one son. It was the intention of Mr. Woodcox upon his death to leave a portion of his estate to Trenton Memorial Hospital for use in the Diabetic Clinic. Other charities also received bequests, these included: the Canadian Diabetes Association, Health and Stroke Foundation in Ontario and the Trenton Congregation of Jehovah's Witnesses.

A gift of \$54675 was received by the Trenton Memorial Hospital Foundation and subsequently put into a trust fund with the initial \$12,000 left by his wife Pearl at the time of her death. The donation is financially managed by the Trenton Memorial Hospital Foundation and its Board of Directors. Distribution of the funds to enhance the Diabetic Clinic at the Trenton Memorial Hospital are the responsibility of the Diabetic Program Co-ordinator. This includes the application criteria and recipient selection.

## **Grants Program**

The Gordon and Pearl Woodcox Diabetic Fund will award funds with the aim of improving the quality of care in the Diabetic Clinic located at Trenton Memorial Hospital and enhancing diabetic health care services to those living within QH Trenton Memorial catchment area.

The Gordon and Pearl Woodcox Diabetic Fund will award disbursements as follows:

### **Criteria**

#### **1. Trenton Memorial Individual Diabetic Staff Education**

The Foundation will make available a maximum of % of income each year for nursing staff education. These funds will be disbursed through the Trenton Memorial Site. Of key educational importance will be improving the efficiency and effectiveness of diabetic health care services and their delivery.

#### **2. Trenton Memorial Diabetic Clinic Enhancements**

The Foundation will make available a maximum of % of income each year for nursing staff education. These funds will be disbursed through the Trenton Memorial Site. Enhancement opportunities may take the form of departmental workshops/seminars, equipment, promotional/educational information etc.

**Grants Program**

1. Education  
A maximum of \_\_\_% of income available each year will be made available by the Foundation for diabetic staff education, providing that there are proposals.
  
2. Recognition  
Additional recognition, where appropriate and in consultation with the Trenton Memorial Hospital Foundation Board, would be greatly appreciated i.e. newsletters, signage, annual meetings).

**Application Criteria For Diabetic Clinic Enhancements**

Please provide in writing, a detailed description that outlines the following:

- Objectives of the program - why should the GAPWD Fund support this cause? (Please highlight any new and innovative ideas)
- A time frame for achieving the objectives.
- Implementation of the objectives.
- A budget. Please include quotes for all capital expenditures.
- Please note if there will be ongoing financial costs (i.e. salaries) associated with your project and how these will be supported in future years.
- Please include your most recent audited financial statement.
- A report which reviews and analyzes the success of your program. This evaluation must be submitted within one year. Incremental cash transfers will be provided with receipt in full only upon successful completion and evaluation of the submission.

**Please note the following:**

Grants will be awarded one time only, but a possible one year extension may be permitted on re-application.

**Open for Applications:** \_\_\_\_\_  
**Close for Receipt of Applications:** \_\_\_\_\_  
**Section Date:** \_\_\_\_\_

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Please note:

- That in order to apply for the Gordon and Pearl Woodcox Fund, Trenton Memorial must be your designated >home site= or 50% of your work time must be devoted to programs/services at Trenton Memorial.
- Applications must be made annually for multi-year programs.
- Monetary disbursement will be \_\_\_ of the approved funding immediately, with the remaining \_\_\_ forwarded upon successful completion of the course/program.
- Applications should only be completed when funding is not available from sources within Quinte Healthcare Corporation.

**Application Criteria**

Please provide in writing, a detailed description that outlines the following:

- Objectives of the program - why should the GPWD Fund support this education? (Please highlight any new and innovative teachings).
- A time frame for achieving the objectives.
- Implementation of the objectives.
- A budget. Please include quotes for all education (textbooks, tuition, travel etc.).
- A letter of support from your immediate supervisor is required when submitting this application. Please have your supervisor sign the letter and designate that Trenton Memorial is your home site or 50% of your work is devoted to programs at Trenton Memorial.

**Please note the following:**

Grants will be awarded one time only, but a possible one-year extension may be permitted on re-application.

**Open for Applications:**

\_\_\_\_\_

**Close for Receipt of Applications:**

\_\_\_\_\_

**Awards Announced:**

\_\_\_\_\_

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**(A) APPLICATION FORM**

- Applicant Name: \_\_\_\_\_
- Employed at Trenton Memorial or working on services/programs at Trenton Memorial for at least 50% of my work time since \_\_\_\_\_
- Current department or unit \_\_\_\_\_
- Current position \_\_\_\_\_
- Name of course/program for which you are applying for funding:  
 \_\_\_\_\_
- How long will it take you to complete the course? \_\_\_\_\_
- Is this a standard or certification that you must have for your profession or work area?  
 \_\_\_\_\_
- Have you applied to QHC for funding? \_\_\_\_\_
- Have you applied elsewhere for funding? \_\_\_\_\_  
 If you answered yes, please list to whom you applied and the amounts granted.  
 \_\_\_\_\_

**(B) COST OF COURSE/PROGRAM**

3. Amount of funding for which you are applying. Show by category rather than lump sum.

Description	Total Cost	Your Share	Share applying For
Cost of course			
Meals			
Travel			
Accommodation			
Other			

4. Have you previously received funding from the Gordon and Pearl Woodcox Memorial

Fund? Yes \_\_\_ No \_\_\_

If yes, please note when: \_\_\_\_\_

Amount received at that time, \_\_\_\_\_, and

Course/program for which funding was granted: \_\_\_\_\_

**(C) OTHER INFORMATION**

1. How will the course/program for which you are currently making application benefit:  
(If additional space is required, please attach a separate sheet)

Yourself \_\_\_\_\_

Your work area \_\_\_\_\_

Our hospital \_\_\_\_\_

Our patients \_\_\_\_\_

2. Are there other Quinte Healthcare Trenton Memorial staff members who have previously taken this course and share this expertise? Yes \_\_\_ No \_\_\_

3. Will the knowledge gained from this program lead to improved efficiency or effectiveness in the delivery of healthcare services at Quinte Healthcare Trenton Memorial? Yes \_\_\_ No \_\_\_

4. If possible, please submit your course description/outline/brochure with this application.