Our mission is to transform spaces in hospitals and health care facilities in order to improve the lives of children facing illnesses, disabilities, and physical or emotional obstacles – ultimately, putting smiles on kids faces!

Smilezone Foundation Application

Thank you for your interest in bringing a Smilezone to your healthcare centre!

Smilezone Foundation transforms hospital and community health centre spaces into bright, engaging, and accessible environments designed to support children and families during their medical journeys.

Please complete the following application as a PDF document and email it to jhames@smilezone.com

All inquiries will be acknowledged by email within one week of submission.

IMPORTANT INFORMATION – PLEASE READ BEFORE APPLYING

Smilezone Foundation is a charitable organization that completes renovations at no cost to the healthcare centre itself. However, each project must be fully funded by a donor, sponsor, or funding partner before renovations can begin.

Hospitals and centres are encouraged to apply even if they do not currently have a donor identified — our team often helps match interested facilities with potential supporters. Please note that project timelines and approval are dependent on securing full funding through this partnership model.

A. ORGANIZATION INFORMATION:

Name of Hospital/Healthcare Centre: _____

Address: _____

Website: _____

Contact Name & Position: _____

Phone Number: _____

Email Address: _____

Alternative Contact: _____

B. PROJECT OVERVIEW & PROPOSED LOCATIONS:

Please tell us about the space(s) you'd like to transform! This section helps our design and installation teams understand the layout, current condition, and day-to-day function of the space.

Please include:

- ☐ A short description of the program or department where you envision the Smilezone(s).
- ☐ The specific room(s) or area(s) being proposed (e.g., waiting room, family lounge, hallway, playroom, treatment room).
- ☐ Is the space currently in daily use? (Yes/No)
- ☐ Approximate square footage and/or a basic floorplan/sketch
- ☐ The purpose of the space — how it's currently used, and who uses it
- ☐ Any specific accessibility or design considerations we should be aware of
- ☐ Is there any existing art, donor recognition, or large equipment that must remain in the space? (Yes/No – please specify)

_____
_____
_____
_____
_____

C. DESIRED IMPROVEMENTS & PROJECT VISION

Help us understand your goals for the space(s)! This section gives us a sense of your vision, functional needs, and the atmosphere you'd like to create for children and families.

Please describe:

- ☐ What challenges or issues exist in the current space (e.g., dated appearance, lack of child-friendly elements, overcrowding, low sensory stimulation, etc.).
- ☐ Your wish list of improvements — colours, murals, technology, furniture, sensory features, themes, accessibility features, and any specific themes you'd love to see.
- ☐ The impact a Smilezone renovation would have on your patients, families, and staff.
- ☐ Any specific populations or programs the space serves (e.g., palliative care, oncology, child life, youth mental health, rehabilitation, etc.).
- ☐ Any special themes or messaging that would help make the space meaningful to your organization or community (e.g., local culture, language, or regional identity).
- ☐ Would gamification and/or sensory items and/or interactive technology be suitable to include in the space?
- ☐ Would staff or families be open to participating in a short consultation about the design concept? (Yes/No)
- ☐ Confirmation that logos and donor recognition for Smilezone Foundation and donor partners may be included tastefully within the designs? (Yes/No)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

☐ Are there are any specific Smilezone projects on our website (“What We Do” > “Our Smilezones”) that you like? If yes, please indicate which one(s):

_____
_____
_____

D. IMPACT, REACH, TIMELINES

Provide a snapshot of who this project would serve and when! We use this information to assess potential reach, urgency, and alignment with available donor interests.

Please include:

- ☐ Estimated number of children and youth served annually in this program/space(s).
- ☐ Estimated number of family members and/or caregivers
- ☐ Estimated number of staff who regularly use or support this space.
- ☐ A short description of the community demographics (e.g., urban/rural, Indigenous populations, newcomer communities, low-income families, etc.).
- ☐ Any relevant program milestones, anniversaries, or events (e.g., 10-year anniversary, new program launch)
- ☐ Any known timelines that could affect construction or scheduling (e.g., ongoing renovations, planned expansions, temporary closures).
- ☐ Would your organization be open to hosting a grand opening celebration with media coverage? (Yes/No)

E. FUNDING PARTNERSHIP & COLLABORATION

Smilezone Foundation completes all projects in partnership with generous donors and community sponsors – Our team will work closely with your organization's Foundation or leadership to identify potential funding partners. Projects are approved based on the successful matching of a facility with a donor or sponsor who can help fund the renovation.

Please indicate:

- ☐ Whether your Foundation or Development team is willing to assist with donor outreach, recognition, or stewardship efforts.
- ☐ Does your organization have a dedicated development or philanthropy contact we can liaise with? (Yes/No)
- ☐ Whether your hospital or foundation currently has any donor leads or partners interested in supporting a Smilezone project.
- ☐ Any existing relationships (corporate, community, or individual) that may be relevant for co-funding or sponsorship.
- ☐ Are there any local corporate or community organizations (e.g., Rotary, Kiwanis, sports teams) you believe might be interested in supporting this project? (Yes/No – please list if known)
- ☐ Whether you would be open to our team approaching local donors on your behalf.

F. SUPPORTING MATERIALS

To help our team gain a full understanding of your vision, needs, and community impact, we strongly encourage you to include the following materials with your application. While not mandatory, these additional documents and photos play an important role in helping Smilezone match your project with a suitable donor partner and assess readiness for next steps.

- ☐ Your Organization's Annual Report and/or Financial Statements from last two years **(required)**
- ☐ Several "Before" photos of the proposed space(s) — wide shots and details **(required)**
- ☐ Basic floor plan or sketch (even rough) marking proposed Smilezone areas.
- ☐ Letter(s) of Support from hospital leadership, program manager, or foundation director.
- ☐ Letter(s) of Support from frontline staff (e.g., child life specialist, therapist, nurse).
- ☐ Patient or family testimonials illustrating the need for an improved environment.

I, _____, have reviewed the entire application form and confirm that all the information provided is true and accurate to the best of my knowledge and understanding.

_____ _____

Name, Title **Date**

Thank You!

Thank you for your application and for all that you do to support children & families in your community. A member of our team will be in touch to confirm receipt and discuss next steps shortly.