

UI Hospitals and Clinics Volunteer Services (VS) REQUEST FOR FUNDS

Department Requesting Funds:

Date of Request:

Individual Submitting Request:

Campus Mail Address:

E-mail Address:

Phone:

Project or Request Title:

Type of Request:

- | | |
|---|--|
| <input type="checkbox"/> Program | <input type="checkbox"/> Patient support |
| <input type="checkbox"/> Educational materials for UIHC patients/families | <input type="checkbox"/> Family support |
| <input type="checkbox"/> Non-medical equipment | <input type="checkbox"/> Other _____ |

Requests are due November 1 for annual review. To request off-schedule review, please check if:

- This request is under \$2,500 **and** of an urgent, time sensitive nature.
- This request is under \$500 **and** clearly follows priority funding guidelines.

Description of Request:

Briefly describe the project for which you are requesting funding:

Describe the patient population to be served (age, service, in- or outpatient, size of patient population, etc.):

If funded, what will be the use/benefit of this request?

Have you applied for budgetary support for this project?

If yes, please describe status. If no, please explain.

Have you explored other sources of external funding? If benefiting pediatric patients, have funds been requested from CMN?

If yes, please describe status of the request. If no, are you considering other sources?

Is this request for total or partial funding?

If partial, please describe other source(s) of funding:

Choose:

- One-Time Project
- Ongoing Project

If one-time project, estimated Total Cost of project: \$
Amount requested from VS: \$

OR

If ongoing project, what is the Annual project cost: \$
Amount requested from VS: \$

What is the length of time covered by this request? (please specify)

How will you fund this project in the future?

What will be the impact if this request is not approved?

Budget (please provide specific itemization of expenses):

Total requested: \$

Background information

Have you received VS funding previously?

If so, how many times?

Most recent award date?

For same project?

Have you made a previous VS funding request for this project which was not approved?

- Yes Date of previous request? _____
- No

Please provide any additional comments or information helpful in reviewing this request:

Approvals (required)

Approval of Primary Department Chair or Department Head:

Signature	Print or Type	Date
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Approvals of collaborating Department Chairs/Managers:

Signature	Print or Type	Date
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Signature	Print or Type	Date
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Please submit to: Chair, Volunteer Services Advisory Board, 8025 JCP
All Requests for Volunteer Funds due by November 1 for inclusion in annual review