



**POLICY
&
PROCEDURE**

Title or Subject:	REQUESTING FUNDS FROM MEMORIAL HEALTHCARE FOUNDATION		
Scope of Involvement:	ALL DEPARTMENTS		
Policy Number:	009.5d		Approved by: _____ Executive Director
Supersedes policy no.:	009.5a,b,& c		
Date effective:	May 2018		Approved by: _____ President
Reviewed on:			

POLICY STATEMENT:

Memorial Healthcare Foundation will assure an organized process for the requesting, approval, and distribution of special purpose and unrestricted funds in keeping with the priorities established with the organization.

PURPOSE:

To be certain that all requests for funding from the Memorial Healthcare Foundation are appropriate, in terms of approvals and priority ranking among hospital needs.

PROCEDURE:

1. All requests for funding from the Foundation are to be submitted on the approved Request for Funding Form (RFF- attached).
2. RFF must be filled out completely by the applicant and submitted to the Medical/Department Director who ensures all supporting documentation including more than one funding source has been provided.
3. The Department Director will submit the RFF to the appropriate Vice President who ensures that the request has not been currently budgeted for purchase and that no other funding source is available. The RFF must also meet the Bid & Quote policy 820.8f.
4. The Vice President will submit the signed RFF to the Foundation Office for consideration.
5. Directors and Vice Presidents are not endorsing the request but simply ensuring completeness of the request. If a Director or Vice President choose not to allow the request to proceed, a written statement to the applicant must be provided as to why the request was stopped and possible correction to the application to re-submit.
6. The Foundation will be responsible for submitting all requests to the appropriate Committee/Board for review and recommendation/approval. The Foundation, after approval will submit to the CEO for signature who ensures the request is in alignment with Memorial Healthcare Mission and strategic goals.

7. Requests for funding will be evaluated and dispensed by the Foundation, in accordance with the Comprehensive Fund Guideline and Grant Making Policy.
8. The requesting department will be notified of the outcome by the Foundation in a timely manner. If approved, the funds requested will be transferred into the requesting departments account through the Finance Department.
9. Not all Request for Funding require a presentation, however if you are requested to make a presentation before the Foundation Board of Directors, your presentation:
 - a. Must be pre-approved by the Foundation Office
 - b. Should be approximately 3 to 7 minutes in length about the request including why you are asking for funding and how it will impact your department or patients served.
 - c. Have all handouts available for 25 people to view
 - d. Should be professionally presented and you should be ready to answer questions.
 - e. Presentations are made at the Foundation Office located at 1637 W. Main Street. Projector, screen and laptop are available upon request.

Request for Funding Form

Total Amount Requested: \$ _____ Date of Application: _____

Requested by: _____ Extension: _____

Department: _____ Department Number: _____

Director Signature: _____ Date: _____
(All supporting documentation including more than one funding source is provided)

Vice President Signature: _____ Date: _____
(Request has not been currently budgeted for purchase and that no other source of funding is available.)

Please provide a one or two sentence description of your request:

See page 3 for questions requiring response to accompany this cover sheet and complete your application for funding.

For Foundation Use Only	
Application Received by Foundation: (date)	
Applicable Functional Expense Classification:	
<input type="checkbox"/> Construction	<input type="checkbox"/> Renovation
<input type="checkbox"/> Equipment/Facility	<input type="checkbox"/> Special Program
<input type="checkbox"/> Employee Education	<input type="checkbox"/> Community Education & Outreach
Budgeted Fund: 01.8060. Balance:	
Hospice/Keystone Review: Date _____ <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Executive Cmte. Review: Date _____ <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	
Recommendation Required Approval (Grant Making Policy) Date:	
<input type="checkbox"/> Board Approval: Date: _____ <input type="checkbox"/> Exe Director Approval _____	
President/CEO Signature:	
Executive Director Release of Funds: (date)	

Please provide the answers to the following questions on a separate sheet of paper:

1. Please write a complete description of your request. Be as detailed as possible.
2. Provide justification for the request in terms of one of the following categories and how this meets Memorial Healthcare's Mission Statement:

Foundation/Hospice Grant request

- a. Community Education & Outreach
- b. Employee Education
- c. Medical/ Facility Equipment
- d. Renovation of Facility
- e. Construction Project
- f. Special Program

Keystone Grant Request

- a. Employee job performance
- b. Employee work environment

3. Describe how our community will benefit from this request.
4. Will ongoing funding be required or is this a one-time expense? If it is ongoing, how much will this cost per year and will subsequent years be funded through Department budget or grant request?
5. If this request is for a new service or program, please attach a complete budget for one year of operation.
6. Please provide indicators that will determine success for this expenditure?

MISSION:

**To promote health and provide quality compassionate healthcare
in our region through a commitment to service excellence, teamwork, and innovation.**