

VCU Medical Center Auxiliary Grants Program

2023 Guidelines for Accessing Grant Funds

The following guidelines are set by the MCV Foundation and must be followed, or your invoices cannot be paid, or reimbursements completed. These processes are in place to ensure proper stewardship of donor dollars and audit protocols.

Grant funds should be spent in full within one year of receipt (or no later than August 13, 2024). If you need to request an accommodation, you must contact the auxiliary grants program administrator by August 13, 2024, to request an extension. Unused funds will be returned to the Auxiliary.

When submitting a request for reimbursement or payment you will need the following information:

- Your name or the person or entity to be reimbursed
- Your grant year and number
- Your contact information (name and phone number)
- A description of what you are submitting for reimbursement (detailed explanations facilitate reimbursement)
- An itemized list of expenses with total amount to be reimbursed clearly indicated

Reimbursements and payments from the MCV Foundation can be made three ways:

- Pay an invoice directly to a vendor; this is the easiest way to get an invoice paid promptly.
- Reimburse an individual for a credit card, check or cash purchase.
- Reimburse a department for a P-card or other department purchase.

Important note about invoices:

- All vendor invoices should be sent directly to the grant applicant(s). The applicant(s) should then follow the procedures for requesting reimbursement or payment. Please do not send invoices to the Auxiliary Grants Program administrator as they will not be accepted.
- Vendor invoices and receipts are required. The MCV Foundation cannot accept packing slips, quotes, estimates, or statements as evidence of expenditures. For Amazon purchases, please submit the receipt that says "item has shipped." Any other documentation from Amazon (confirming order, or is in process) will not be accepted. The documentation must clearly outline the purchaser, services rendered/procured and the date of purchase. If there are multiple items, the invoice/receipt must be itemized with specific costs of the items to be reimbursed clearly identified.

Procedures for the purchase of gift cards using grant funds:

- Purchased by using your department P-card or accounting unit. The cards can then be used, and accounting will reimburse the medical center and does not get involved with the distribution.
- Purchased through the Rainbow Society. You will receive an invoice which can be submitted for payment.

Important Note: Due to IRS regulations, gift cards may **NOT** be purchased by an individual for distribution or as a thank you gift to employees. *If an individual wants to purchase something to "pay" volunteers or recognize or thank someone, you must purchase actual gifts – tangible items, not gift cards – and submit the expense for reimbursement.*

Other helpful tips:

- If possible, please avoid placing orders and purchasing items through VCU Medical Center's Purchasing Department. This can complicate and slow up the reimbursement or payment process.
- Applicants should retain file copies of all receipts and paperwork submitted as a part of the reimbursement process.
- Your department's grant administrator should keep records of all grant fund expenditures to ensure that the grant is not overspent. The Auxiliary will not cover overages or expenses that exceed the amount originally awarded to the project.

Send required paperwork to:**Main Hospital**

Attn: Grant Administrator
 1250 East Marshall Street
 2nd Floor, Suite 2-300
 P.O. Box 980510
 Richmond, Virginia 23298-0510

For more information contact:

Auxiliary Grant Administrator at VCUMCAuxGrants@VCUHealth.org

Checklist for Grant Expenditures

_____ Cover sheet with grant name, grant number, grant year, your contact info, and a printed list of all expenses that are being submitted with itemized expenses clearly marked as well as a notation reflecting the total amount of the reimbursement requested.

_____ If requesting reimbursement for food or for a catered event, a sign-in sheet/guest list of attendees is required.

If vendor is being paid directly, please include the following:

_____ Invoice

_____ Vendor's Federal Tax ID – **Form W-9 for New Vendor**

The MCV Foundation requires this to pay outside vendors. Please request a W-9 for any new vendors. W-9 forms are available at <https://www.irs.gov/pub/irs-pdf/fw9.pdf> or by request from the Auxiliary Grants Administrator.

If individual is being reimbursed, please include the following:

_____ Email completed Form W-9 from Individual to **MCVFAP@VCUHealth.org**

If payment was made by personal credit card:

_____ Vendor receipt and/or credit card receipt

_____ Copy of credit card statement showing the purchases (if no proof of payment)

Please highlight purchases and black out all other items.

If department is being reimbursed, please include the following:

_____ Receipts or invoices

Do not need copy of P-card statement as it will appear on budget printout.

_____ Appropriate accounting unit or index code used (VCU Medical Center, MCV Physicians or VCU)

The code must match the code used to purchase the items.

_____ Appropriate budget printouts

Please highlight the items on the printout so it is clear what is to be reimbursed.

_____ Include name of unit, contact name and address (with mailbox number) of unit to be reimbursed

If you are a VCU Medical Center entity, include your four-digit accounting unit and:

_____ Pages from budget printout showing the expense and name of unit

If you are a MCV Physicians entity, include your five-digit accounting unit and:

_____ Pages from budget printout showing the expense with the accounting unit

If you are a VCU entity, include your six-digit billing or org./index code that begins with either “4” or “6 and:

_____ Budget printouts from banner SAS Output, FGRBDSC, and FGRODTA which show that code beginning with 4” or “6”.

Checks will be made out to and sent to VCU Cashier, not to the unit.

VCU Medical Center Auxiliary 2023 Grant Application

The VCU Medical Center Auxiliary is proud to support the medical center's patients, visitors and team members through service and fundraising.

Each year, the Auxiliary generously funds projects that bring incredible value to VCU Medical Center, the flagship of VCU Health. These projects range from initiatives to improve the comfort of our patients and their families to supporting and educating our fellow team members.

Applicants are encouraged to apply if there is a project that would benefit one of the medical center's strategic initiatives, including:

- Patient satisfaction and customer service
- Establishing a culture of safety and excellence
- Commitment to adequate and timely service
- Transformation through information technology service
- Financial performance
- Workforce development
- Strategic innovations
- Community partnerships

Auxiliary grants cannot be used to fund:

- Full-time or part-time positions
- Research
- Projects that should be covered by the medical center's operating budgets (includes professional development, education, conferences, etc.)

If approved, the grant funds must be used within a year of being awarded.

Reimbursement and Payment Process

Reimbursements to units or individuals and payments of invoices are managed and processed by the Auxiliary Grants Administrator through the MCV Foundation. Please familiarize yourself with this process as outlined in VCU Medical Center Auxiliary Grant Program 2023 Guidelines for Accessing Grant Funds before applying.

Application Process

All applications must be approved by the applicant's vice president. **The deadline to submit your application for approval by your vice president is April 7, 2023.**

Once approved, **the application must be received by the Auxiliary Grant Administrator by April 21, 2023.**

The applicant and vice president will need to determine who will deliver the application to the Auxiliary Grant Administrator.

Incomplete applications will not be considered.

Proposal Format and Submission

Please use this form for your application and adhere to the stated character limits. An addendum with additional information can be attached if necessary.

Please email your completed application to VCUMCAuxGrants@VCUHealth.org. A confirmation email will be sent to the applicant upon receipt. It is the applicant's responsibility to confirm that the application was received by the Auxiliary Grants Administrator.

Questions:

Contact the VCUMC Auxiliary Grants Administrator at VCUMCAuxGrants@VCUHealth.org.

2023 Auxiliary Grant Application

Part I. Contact Information

| | |
|---|--|
| Applicant Name | |
| Vice President | |
| Department | |
| Office Mailbox | |
| Office Location | |
| Email | |
| Office Phone | |
| Co-applicant Name (if applicable) | |
| Department | |
| Office Mailbox | |
| Office Location | |
| Email | |
| Office Phone | |

| | |
|--|---|
| Dept. Fiscal Administrator Name (if applicable) | |
| Dept. Fiscal Administrator Email | |
| Dept. Fiscal Administrator Phone | |
| Acknowledgment: I have read the guidelines for accessing grant funds (page 1). I certify that I am willing and able to comply with the guidelines as outlined (applicant and co applicant signatures in box at right) | Applicant Signature: Co-Applicant Signature: |

Part II. Project Summary

| | |
|--|--|
| Project Title | |
| Brief Project Description (250 characters max.) | |

| | | | |
|---|-----------|--|-----------|
| Total Amount Requested for Project | \$ | Minimum Needed to Start Project | \$ |
| Have you applied for this grant before (yes/no)? | | If yes, how many times? | |
| If you applied before, how many times was your project funded? | | | |

Part III. Project Narrative (max. 3,500 characters)

Please share the specifics of your request, including the following:

- Direct benefit to our patients, visitors, team members and quality of care. Please include expected outcomes.
- How this project will contribute to the health system's mission, vision and strategic imperatives — quality of care, safety, service, patient satisfaction, innovation, financial performance and community outreach.
- **If you are a previous grant recipient**, include outcomes or benefits of your past project(s) with supporting data.

Part IV. Proposed Budget and Timetable (max. 1,500 characters)

Please attach a separate document(s) of a detailed budget and timeline for expenses. If the Auxiliary cannot support the total amount requested, please describe what portion of the project would not receive funding. When completing your timeline, please remember the reimbursement deadline of August 13, 2024 as outlined in the 2024 Guidelines for Accessing Grant Funds.

Part V. Required Signatures

Please print and sign your application. Your signature indicates your approval of the application and your support of the program if you receive funding. Signatures from the department director and vice president are required for your grant to be considered.

| | | | |
|---|--|-------------|--|
| Principal Applicant Signature | | Date | |
| Department Director Signature | | Date | |
| Department Director Printed Name | | | |
| Vice President Signature | | Date | |
| Vice President Printed Name | | | |