



VCU Medical Center
Virginia Commonwealth University
MCV Hospitals Auxiliary
commit · care · share

2017 MCVH Auxiliary Grant Application

The purpose of the MCVH Auxiliary is to provide support for patients, families and team members of VCU Medical Center through service, grant funding, and special activities; and to provide an inviting and supportive environment to encourage volunteers in their service. MCVH Auxiliary grants cannot be used to fund: 1) positions (e.g., FTEs), 2) research, or 3) other projects that should be covered by operating budgets. If approved, the Auxiliary funds must be used within a year of being awarded.

APPLICATION DEADLINE AND SUBMISSION PROCEDURE

Applications will be due to the applicant's Vice President by **Friday, January 13, 2017** for approval. Once approved, the application must be received by the Office of Development by **Friday, January 27, 2017**. Incomplete applications will not be considered. It is up to the applicant and VP office to determine who will deliver the application to the Office of Development. A confirmation email will be sent by Development to the applicant when the application is received. If a confirmation email is *not* received, it is the applicant's responsibility to follow up and ensure application is delivered. If you have questions, please call the Office of Development at 828-4100.

Proposal Format

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

Submit to Vice President for Approval by January 13, 2017

Submit Approved Application to Office of Development by January 27, 2017

c/o Kathie Spraggins
Zeigler House
1006-1008 East Marshall St.
P.O. Box 980275
Richmond, VA 23298-0275

I. CONTACT INFORMATION

If multiple applicants, complete this for each co-applicant (all fields are required).

Applicant Name:

Department:

Phone:

Email:

Box Number:

Physical Location:

Applicant Name:

Department:

Phone:

Email:

Box Number:

Physical Location:

If the department has a financial administrator who will oversee the spending of the grant money, provide his/her contact information:

Name:

Phone:

Email:

II. SUMMARY OF PROJECT/PROPOSAL

Title of Project:

Brief Description (1,200 characters)

Have you applied
for this grant in
the past?

Yes
No

If yes, how many times
have you applied?

How many years
has it been
funded?

Target Population (include # to be served) (1,000 characters)

Total Amount Requested:

Lowest grant amount needed to start project*:

*In the event the MCVH Auxiliary has insufficient funds to support entire amount requested, please note what portion of the project would not receive funding. (1,000 characters)

III. PROPOSAL NARRATIVE

Direct Benefit to Patients and Quality of Care: Please include expected outcomes. (2,800 characters)

Quality of Work Life: How will this project affect your work life? How would this make it easier for you to do your job - or make your department more effective? (1,200 characters)

Strategic Plan Alignment: Describe how this proposal might contribute to one or more strategic areas 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; strategic innovations; and community partnerships. (1,200 characters)

IV. PROPOSED BUDGET AND TIMETABLE

Submit a proposed budget and timetable on a separate sheet.

V. Required Signatures: *Your signature indicates your approval of the application and your support of the program should funding be awarded. Signatures from Department Director and Vice President are necessary for your grant to be considered.*

Principal Applicant Signature

Date

Department Director Printed Name

Date

Department Director Signature

Vice President Printed Name

Date

Vice President Signature