

# Request for Funds from Shattuck Partners, Inc.

## **Before Applying for Funds:**

1. Identify an activity, program, or other offering that will improve the quality of life of your patients.
2. Discuss your ideas and plans with your manager.
3. Review available hospital budgets for funds that might be used for this need. **Only needs which cannot be met by available hospital resources will be considered.** We strongly encourage you to consult with LSH Fiscal Services prior to applying to Shattuck Partners.
4. If you are requesting a renewal of funding, you must reapply using this form unless alternate plans have been made.

**To APPLY:** Please fill out this form in its entirety, make a photocopy for your files, and drop the original into the Shattuck Partners mailbox (LSH Mail Room). Please contact us with questions at 617.971.3931 or [emondon@shattuckpartners.org](mailto:emondon@shattuckpartners.org).

**To RE-APPLY:** Unless other arrangements are made with Shattuck Partners, reapplications should submit this form, providing updated information where necessary along with updated signatures. You may attach a copy of your original application, indicating "see attached" where information remains the same.

Please allow up to 3 months for review by the Shattuck Partners Board of Directors. The decision to fund is at the sole discretion of the Shattuck Partners Board of Directors and is based upon a number of factors including availability of funds.

## **Basic Information**

Today's Date \_\_\_\_\_ Your Name: \_\_\_\_\_ Position: \_\_\_\_\_

Unit/Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount of money requested (please complete worksheet on reverse): \_\_\_\_\_

Timeline of activity (one-time, recurrent or ongoing; length of activity; anticipated start date):  
\_\_\_\_\_  
\_\_\_\_\_

## **Description of Intended Purchases/Expenses**

What will be done or offered?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly, what and how much will be purchased to carry this out? (Itemize supplies, etc. on reverse)  
\_\_\_\_\_  
\_\_\_\_\_

How will this program be managed, and by whom?  
\_\_\_\_\_  
\_\_\_\_\_

## **Please attach a separate document with 2-3 paragraphs describing:**

1. The anticipated benefits to patients, both short- and long-term.
2. The profile of the patients who would benefit from this purchase/expense including the approximate number of patients who will be impacted, their unit/department, their typical length of hospital stay, their typical treatment protocols and comorbidities, and their demographics.

## Request for Funds from Shattuck Partners, Inc.

Budget Categories	Description	Expenses
Additional Personnel:	_____	_____
Equipment:	_____	_____
Supplies:	_____	_____
Construction:	_____	_____
Training:	_____	_____
Travel:	_____	_____
Other 1:	_____	_____
Other 2:	_____	_____
Other 3:	_____	_____
<b>Total:</b>		\$ _____

**Additional Notes:**

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**Statement of Intent:**

*If funding for my request is granted by Shattuck Partners, Inc. ...*

*I agree that the above-described project/activity/initiative and its administration will abide by all regulations, policies, and procedures of the Lemuel Shattuck Hospital.*

*I agree to provide written quotes showing vendor documented rates for all anticipated expenses and original receipts for all actual expenses to Shattuck Partners within the timeframe required by Shattuck Partners' funding policy (policy to be provided to me if funding is granted). I also agree to provide basic, periodic documentation and reporting as required by the funding policy. I understand that only those funds for which original receipts are provided up to the approved funding amount and within the confines of the project/activity/initiative will be reimbursed and that any funds advanced to me but not spent on approved items (or not supported with original receipts) must be refunded to Shattuck Partners within one week of the end of the calendar quarter during which funding was received.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Management Approvals:**

*I agree that the above-described project/activity/initiative is a feasible and allowable one for this staff to manage within the confines of her/his immediate job, and that we have explored and exhausted other hospital resources before submitting this request for funding.*

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Senior Manager (if different): \_\_\_\_\_ Date: \_\_\_\_\_

Shattuck Partners, Inc., an independent 501(c)(3) nonprofit organization, strives to improve the quality of life of patients at the Lemuel Shattuck Hospital by funding programming and supplemental support services. [www.shattuckpartners.org](http://www.shattuckpartners.org)