Request for Funds from Shattuck Partners, Inc.

BEFORE APPLYING:

1. Identify an activity, program, supplies/items 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.** Please consult with LSH Administration/Fiscal Services prior to applying.

TO APPLY: Please fill out this form, make a copy for your files, and drop the original into the Shattuck Partners mailbox (LSH Mail Room, First Floor) or scan/email to emondon@shattuckpartners.org. Please contact us anytime with questions at 857.205.3205 or emondon@shattuckpartners.org. **We encourage you to contact us before you apply.**

TO RE-APPLY: Reapplications must submit this form, unless alternate plans have been made, providing updated information along with updated signatures. You may attach a copy of your original application, indicating "see attached" where information remains the same.

Applications are reviewed on a rolling basis during regular meetings of the Shattuck Partners Board of Directors. Feel free to contact us to inquire about the current board meeting schedule. 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.

All questions are required. Please attach a separate page for information that doesn't fit into the spaces below.

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?

_____

_____

_____

Describe the patients who will be impacted and the expected benefits, both short- and long-term. Please suggest ways we might measure the efficacy or impact of this initiative.

_____

_____

_____

_____

_____

_____

_____

Approximately how many patients will be impacted by this funding? _____

_____

How will this program be managed, and by whom?

_____

PROGRAM BUDGET – REQUESTED FUNDS

Budget Categories	Description	Amount
Equipment:	_____	_____
Supplies:	_____	_____
Paid Support (Contractor/Intern):	_____	_____
Training:	_____	_____
Other 1:	_____	_____
Other 2:	_____	_____
Total:		$ _____

Additional Notes:_____

_____

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 and of Shattuck Partners, Inc. I agree, before any expenses are incurred, to review all anticipated expenses with Shattuck Partners, Inc. and when applicable to provide to Shattuck Partners, Inc. all written quotes showing vendor documented rates for all anticipated expenses. I also agree to provide original receipts for all actual expenses to Shattuck Partners within the timeframe required by Shattuck Partners. I agree to provide periodic documentation and reporting as required by Shattuck Partners. 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 by the end of this calendar year.

Signature of Applicant: _____ Date: _____

Supervisory 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 their immediate job, and that we have explored other hospital resources before submitting this request.

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

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