BAY MEDICAL FOUNDATION

McLaren Bay Region and McLaren Bay Special Care
Grant Request Application

Please submit this form to the McLaren Bay Medical Foundation office after completing all requirements listed below.

All applications must include a photo of the item and a CURRENT quote from the Purchasing Department.

Incomplete grant applications will not be considered. All applications must be typed.

Grant requests are due to the McLaren Bay Medical Foundation by the 1st of January, April, July and October. Please contact Judy Dallas if you if have any questions. Judy.dallas@mclaren.org or 895-4725

Grant applications are reviewed by the McLaren Bay Region Vice-President, McLaren Bay Special Care President and McLaren Bay Medical Foundation Grant Committee Members.

Employee Name: ______________________________

Manager Name: ______________________________

Department: ____________________ Phone Number: ____________________

Purpose of Grant (1-2 Sentences):

Total Cost **(Please attached required photo and Purchasing Department quote):** $ ____________________

***If grant is approved by the McLaren Bay Medical Foundation, all purchases must be placed within 90 days of receiving grant approval letter.**

Employee Signature: ____________________ Date: ____________________

Manager Signature: ____________________ Date: ____________________

------------------------ **FOR FOUNDATION USE ONLY** ------------------------

Vice President's Signature: ____________________ Date: ____________________

Grant Approved: ___ Yes ___No Approval or Denial Date: ____________________

Reason for Denial: ______________________________

Distribution Fund: ______________________________

1. Please explain why you are requesting this grant, what need is being addressed, what outcomes you hope to achieve and how you will spend the funds if the grant is approved.

2. Is this item patient related? If so, how many patients, in a calendar year, will utilize this item? (Patient volume does not give priority for approval)

3. Do you already have this piece of equipment in the Department? If so, how many? What is its current condition?

4. What is the long-term impact of this item? How will your job and/or patient care be affected if the grant is not approved? Please be specific.