



BAY MEDICAL FOUNDATION

McLaren Bay Region Grant Request Application

All applications must include a photo of the item and a CURRENT quote from the Purchasing Department. (Please request quotes as close to the deadline as possible and ensure the quote will be honored by the vendor for 3-6 months minimum.) Grant requests are due to the McLaren Bay Medical Foundation by the 1st of January, April, July, and October.

Grant applications must be signed by your Manager/Director and VP prior to submission. All requests will be reviewed by the CEO prior to the Foundation Grant Committee meeting.

Please forward your application and required information to Lynn.Weaver@mclaren.org by the required deadline. You may contact Lynn Weaver (989) 895-4728 with any questions or concerns.

Requester Name: _____

Manager/Director Name: _____

Department: _____ Phone Number: _____

Purpose of Grant (1 – 2 Sentences):

Total Cost: \$ _____

(Please attach required photo and Purchasing Department quote)

***If grant is approved by the McLaren Bay Medical Foundation, corporate approval required prior to purchasing. You will receive instructions to obtain MHC approval with your Foundation approval letter.**

Manager/Director Signature: _____ Date: _____

Vice President Signature: _____ Date: _____

MBR CEO Signature: _____ Date: _____

You must have BOTH your manager and VP's signature prior to submission.

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Grant approved? _____ Approval or Denial Date: _____

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.