

DEACONESS HOSPITAL FOUNDATION
REQUEST FOR FOUNDATION FUNDS ALLOCATION

Prior to Submission: *All requests and corresponding paperwork (check requests, etc.) must be pre-approved and signed by the Department Director, Vice President, and all other appropriate personnel who will have evaluated the proposal to determine that the request supports the Strategic Plan of Deaconess Hospital. Please note that travel expenses are not subject to Foundation funding.*

Date: _____ Name of individual making request _____

Department or group for which funds are being requested: _____

Phone number: _____ Date Required: _____

Purpose for which funds will be used: _____

Itemized accounting of costs: _____

Total amount requested: _____

How might Deaconess Hospital, our patients, and the community benefit from this request? _____

How does this request relate to the Strategic Plan of the Hospital? _____

Signature of person requesting funds

Department Director Signature

Vice President's Signature

Foundation Director Signature

FOUNDATION ACTION/COMMENTS

- _____ Date Received
- _____ Requires Executive Committee Approval
- _____ Date of Executive Committee Approval
- _____ Requires Foundation Board Approval
- _____ Date of Board Approval
- _____ Date Department Contacted with Determination
- _____ Fund to Be Used
- _____ Amount in Fund