

Boulder Community Hospital Auxiliary

Mini-Grant Application

Criteria for Requesting a Mini-grant

- The **purpose** of the mini-grant will be to directly enhance or facilitate patient care within the BCH system. Mini-grants are generally available for non-capital services or equipment.
- The **maximum amount** of the request is \$1000 or less. Unspent Funds **will not** be carried over by BCH Accounting. Please **spend** the grant amount **within the calendar year**.
- Mini-grants are **not available for** general office supplies, furnishings or continuing education. The Auxiliary's annual Scholarship Program addresses the Auxiliary's commitment to education and educational funds are also available through the BCH Personnel Department.

Application Process

- Obtain an application online at www.bchauxiliary.org or from the BCH Volunteer Services Office.
- Submit the completed application by delivery or email to the Volunteer Services Office **no later than the first of each month** in order to be considered at that month's Auxiliary Board meeting. There are no Board meetings in July and August. . You may be requested to present your application at an Auxiliary Board meeting.
- The Auxiliary Board will decide which requests to fund based on consideration of the relative merits and urgency of each application.
- Applicants will be notified of the Auxiliary Board's decision by phone and/or email and confirmation letter to your Director if applicable.
- Recipients of a mini-grant **will be asked to complete a Mini-Grant Feedback Request Form** to help the Auxiliary Board evaluate the effectiveness of its mini-grant program.

Applicant Information

Requested Amount (up to \$1000) _____

Name _____ Position/Title _____

Department _____ Business Phone _____ BCH Email _____

Applicant's Signature _____ Date _____

Department Director Review

Comments _____

Director's Business Phone _____ BCH Email _____

Director's Approval Signature _____ Date _____

Requested Information to Support the Mini-grant Request

1. Briefly describe the project/program/equipment. (Attach copies of info, data, photos, etc if applicable.)

2. What will this project/program/equipment accomplish?

3. Who will benefit? _____ How many will benefit? _____

4. What are the problems that this project/program/equipment will try to solve?

5. What alternative solutions have been considered?

6. What other funding sources have you considered? _____

7. Could this project/program/equipment be included in your operating budget? Yes _____ No _____
 If yes, why has it not been funded to date? _____

 If no, why not? _____

8. Please itemize the cost of the project/program/equipment to be funded.

9. Define the urgency of need(s) for this request and why: Not Urgent _____ Urgent (1-2 months) _____
 Why _____

10. What is the expected useful life of this project/program/equipment (in terms of years)? _____ Years
11. What else would be helpful for the Auxiliary Board to know about your request?

For Office Use Only

Director of Volunteer Services Review _____ Date _____

Director's Signature

President of BCH Foundation Review _____ Date _____

President's Signature

BCH Auxiliary Board Action: *Approved* _____ *Not Approved* _____ *Tabled* _____ *Other* _____ Date _____