

GRANT APPLICATION

(For requests over \$25,000 by SMH Departments)

Grant # _____
(For Foundation Use)

Date: _____

Project name: _____

Amount requested: \$ _____

Requesting department: _____

Name & title of person submitting the request:

Department's physical location: _____

Requestor's direct telephone number: _____

Requestor's email address: _____

CFO approval required Signature: _____
William Woeltjen, CFO

President/Chief Executive Officer Signature: _____
David Verinder, President/CEO

Please complete all sections fully:

1. Give a brief description of the proposed project for which funding is requested:
(How the funds would be spent)

2. Describe the population to be served by the proposed program or equipment:
(Who the program or equipment would help)

3. Describe how the funds would be used. Attach any documentation including cost estimates:

(What will the funds be spent on, specifically?)

4. Describe the expected outcome of the project:

(What will be the improvements?)

5. Total Project Cost: \$_____

Amount Requested: \$_____

6. Business justification:

A. Cost

B. Describe the cost savings to SMH

C. Financing

D. Leasing or Purchase (explain the advantages or disadvantages to your decision to lease or purchase the requested equipment)

7. Expected time line for implementing this project:

(When will the project be complete or equipment installed?)

8. Are SMH restricted funds available for this project?*

(Refers to restricted contributions received by SMH)*

Yes _____ No _____

9. Has this equipment already been ordered or purchased? Yes _____ No _____

10. Has an application been made to any other outside funding source for this grant request? If so - when, to whom and for how much?



Sarasota Memorial Healthcare Foundation, Inc.

Grant Application Procedure

1. Contact Foundation President for initial conversation to discuss whether proposal is within Foundation granting guidelines and to request a grant application form.
2. Complete the application. Be sure to fully respond to each section of the application including if it is not applicable.
3. The Chief Executive Officer of Sarasota Memorial Hospital or his designee must approve and sign the application.
4. Chief Financial Officer of Sarasota Memorial Hospital or designee must verify that the hospital has no restricted funds available for the project.
5. Application deadlines are November 30th, February 28th and July 31st each year. Grants are awarded in January, April and September.
6. Closing date for use of funds is September 30 of the year after funding. For example, grants awarded in January, April and September of 2017 must be completed by September 30, 2018.
7. ***Within 30 days of completion of project but not more than 12 months the requesting department agrees to submit a written report describing the benefits received from the program to:***

Sarasota Memorial Healthcare Foundation
1515 S. Osprey Ave., Building B-4
Sarasota, FL 34239
(941) 917-1286