



Verna Teeter, President
Ron Stadig, Vice President
Dalene Kunkel, Treasurer
Justin Ashley, Secretary
Larry Aliment, Director
Carol Bryan, Director
Mark Call, Director
Brett Henkle, Director
Jack Tobin, Director
Michele Wurl, Executive Director
Mehdi Merred, QVMC Administrator

Foundation Funding/Grant Request Form

The following form **must be used** to request funding and/or grant support/research from the Quincy Valley Hospital Foundation. All funding requests must be received by the Foundation Executive Director by the end of each month. To further explain your funding and/or grant needs, you may include attachments with this form. If you have questions, please contact: Michele Wurl at (509) 787-5349

Request / Project Name or Title: _____

Department(s): _____

Name of Requestor & Participants: _____

What is the budget & estimated costs of your request / project: _____

- Provide a complete amount / budget summary sheet for year one and separate estimates for each subsequent year (if required).
- Requestor's estimated amount should be entered above.
- Provide as attachments detailed computations of estimates in each cost category with narratives required to fully explain proposed costs (see page 2).

Reason for Request (please explain in detail why the funding is needed and how it will be used):

If your funding request is not approved, will you be able to complete your project? Please explain:

Have you received funds from other sources to help fund your project? If so, what are they?

What is the schedule/timeline of your project? (attach detailed plan if required)

Specific Foundation Funding / Grant Costs

1. **Direct Labor (salaries, wages, and fringe benefits):** Attachments should list number of personnel, amounts of time to be devoted to the request, and rates of pay / cost.

2. **Other Direct Costs (if required and/or applicable):**
 - a. **Subcontracts:** Attachments should describe the work to be subcontracted, estimated amount, recipient (if known), and the reason for subcontracting.
 - b. **Consultants:** Identify consultants to be used, why they are necessary, the time they will spend on the project, and rates of pay (not to exceed the equivalent of the daily rate, exclusive of expenses and indirect costs).
 - c. **Equipment:** List separately. Explain the need for equipment. Describe basis for estimated cost. General purpose equipment is not allowable as a direct cost unless specifically approved by the Foundation.
 - d. **Supplies:** Provide general categories of needed supplies, the method of acquisition, and the estimated cost.
 - e. **Travel:** List proposed trips individually and describe their purpose in relation to the request. Also provide dates, destination, and number of travelers where known.
 - f. **Other:** Enter the total of direct costs not covered by 2a through 2e. Attach an itemized list explaining the need for each item and the basis for the estimate.

3. **Other Applicable Costs (if required and/or applicable):** Enter total of other applicable costs with an itemized list (attached) explaining the need for each item and basis for the estimate.

4. **Subtotal-Estimated Costs:** Enter the sum of items 1 through 3.

5. **Less Proposed Cost Sharing or Other (if any):** Enter any amount proposed. If cost sharing is based on specific cost items, identify each item and amount in an attachment.

6. **Total Estimated Costs:** Enter the total after subtracting item 5.

Printed Name: _____ Date _____

Signature: _____ Managers / CEO Approval: _____

Foundation Review: _____ Date: _____ Approval Rejection

Foundation Review Notes:

Foundation Tracking Number (QVHF + DATE + #):