



Friends of UW Hospital and Clinics' Hospital Services Grant Program

Friends of UW Hospital and Clinics established a grant program at UW Hospital and Clinics and American Family Children's Hospital to allow staff to apply for grant money for patient programs not funded through the hospital's normal operational budget. The purpose of this grant program is to further Friends' mission to enhance the experience of patients and families served by the hospitals. Last year Friends provided over \$37,000 through the Hospital Services grant program.

Funding requests must be submitted to the Friends office by October 1. Applications will be reviewed by the Grants Committee, and you may be contacted for further information. Selected requests will be presented to the Friends Executive Committee and Board of Directors for approval in late fall or early winter. All applicants will be notified of the decisions of the Board in January, and the grants will be awarded in February. Grant recipients will be required to complete a follow up report and provide detailed, itemized receipts within six months of receiving the funds.

To apply for a Friends Hospital Services Grant, please return a completed application form and supporting documents to:

**Friends of UWHC, Inc.
635 Science Dr., Suite 150
Madison, WI 53711
Mail code: 9700
Fax: (608) 265-1642
friends@uwhealth.org**

Applications must be received by October 1 and be type-written for consideration. You may refer to Friends' Funding Criteria document to determine the types of projects Friends supports. Please contact the Friends office at 890-9957 or friends@uwhealth.org with any questions you may have.



Friends of UWHC Hospital Services Request for Patient & Family Needs

Hospital Services Requests are due by the **October 1st**.
Request forms must be type-written.

Date of the Request
Location
Contact Person
Fax Number

Dept/Clinic/Unit
Phone Number
E-mail Address
Manager Name

Manager Signature _____

Project/Program Support Data:

Total Funding Requested: \$ _____ Other funding available? Yes No
If yes, please explain:

Patient/Family Population to be served: (Please check all that apply)

- Children 0-5 years 6-12 years 13-18 years
 Adults Young Adults Geriatric Adults
 Uninsured or Underinsured
 Underserved

No. of Patients *Currently* Served per Month:

Do you anticipate this number to change? Yes No
If yes, please explain:

Is this request for a pilot or continuing project? Pilot Continuing

How do you plan for funding in the future?

Items Requested: Please be specific with regard to brand name, model number, titles of books, types of toys, size of item, types of special features, etc. Requesting Staff must provide potential vendors and prices for items requested. Please keep in mind that Friends funds items that are not usually covered under the hospital's budget or patient's health insurance. Request should also include shipping and/or delivery charges.

<u>Description of Item</u>	<u>Vendor Name</u>	<u>Cost</u>
1.		
2.		
3.		
4.		
		Total Cost of Request: \$ _____

Please describe in some detail how the purchase will benefit patients and families. Please attach additional sheets and/or support materials, if possible.

How will Friends of UWHC, Inc. be recognized for their donation?

If you are awarded a grant, who should the check be made out to?

Please return this request form and other supporting materials by October 1 to Friends of UW Hospital and Clinics, 635 Science Drive, Ste. 150, Mail Code: 9700 or fax to 265-1642.

Reviewed
By: _____
Director of Annual Giving Date

Reviewed
By: _____
Friends' Hospital Services Board Representative Date