

UIHC Volunteer Service Request for Funds

Thank you for your interest in receiving funds from Volunteer Services to benefit our patients and their families! The deadline for funds funds is November 1. If you are requesting an off-schedule review, please contact Jillna Claus (jillna-claus@uiowa.edu) prior to submitting a request if you have yet to do so.

* Required

Project or Program Title *

1. Email address *
2. Date of request *
3. Department requesting funds *
4. Individual submitting request *
5. Campus mailing address *
6. Phone Number *
7. Requests are accepted September 15 through November 1 for annual review. If you are requesting an off-schedule review, please check one of the following options:

This request is under \$2,500 and of an urgent, time-sensitive nature.

This request is under \$500 and clearly following the funding guidelines.

Description of Program or Project

8. Type of funding request (check all that apply): *
- Program
 - Educational materials for patients and families
 - Non-medical equipment
 - Patient support
 - Family support
 - Other:
9. Briefly describe the project or program for which you are requesting funds. *
10. Describe the patient population to be served (e.g. age, service, in- or outpatient, size of patient population, etc...). *
11. If this request is funded, what will the use or benefit be to our patients and their families? *

Project or Program Funding

12. Have you applied for budgetary support? *
- Yes
- No
13. If you have applied for budgetary support, please describe the status of the support.
14. If you have NOT applied for budgetary support, please explain why not.
15. Have you explored other sources for external funding outside of Volunteer Services? *
- Yes
- No
16. If you have NOT explored other sources, are you considering other external sources?
- Yes
- No
- Other:
17. If you have explored sources of external funding, have you requested funds from Children's Miracle Network (for projects benefiting pediatric patients)?
- Yes
- No

18. If you have explored sources of external funding, describe the state or status of the request.

19. Is this a request for total or partial funding? *

Total funding

Partial funding

20. If the request is for partial funding, what are the other sources for funding?

21. Is this a one-time or ongoing project or program? *

One-time project or program

Ongoing project or program

22. If this is a one-time project or program, what is the total cost, and what is the amount you are requesting from Volunteer Services?

23. If this is an ongoing project or program, what is the length of time covered by this request, what is the annual cost, and what is the amount you are requesting from Volunteer Services?
24. If this is an ongoing project or program, how will you fund it in the future?
25. What will the impact be if this request is not approved? *
26. Please provide a specific itemization of expenses to be included in the funding request. *

Background Information

27. Have you been approved for funding from Volunteer Services in the past? *
- Yes
- No
28. How many times have you previously received funding from Volunteer Services?
29. Was the previous funding request for the same project?
- Yes
- No
- N/A
30. Have you submitted a request for this project in the past that was not approved? *
- Yes
- No
31. What was the date of the most recent request (approved or not approved)?

Additional Information and Departmental Approval

32. Please provide any additional information or comments that would be helpful when reviewing this request.



Request for Funds Signature

* Required

Project or Program Title *

Approval from Primary Department Chair or Department Head

Name *

Signature *

Date Signed *

Example: January 7, 2019

Approval of Collaborating Department Chair or Department Head

Name

Signature

Date Signed

Example: January 7, 2019