Hackensack Meridian *Health*
Riverview Medical Center Foundation

Board Designated Grants Program
2019 Application

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Riverview Medical Center Foundation Board Designated Grants Program

Purpose

The Riverview Medical Center Foundation Board of Trustees is proud to offer grant funding for selected items and projects at Riverview Medical Center to benefit patient care and the patient experience.

Applications Must

- Be complete or they will not be considered
- Include researched costs and vendor quotes for any purchases or contract services
- Have limited or no other source of funding
- Align with our organizational mission

Additional Information

- A total of up to $150,000 in funding will be awarded overall.
- Please collaborate with other members in your department, including leaders and physicians, when completing your grant application.
- Departments may submit more than one application, but it is highly preferred that they be submitted by the same person. Please choose one contact person.
- Awarded grants may only be used for the intent you specify on the application and must be utilized in 2019. Please see the timeline below.
- Following receipt of the grant, one written update to the Foundation Board of Trustees is required. Grant recipients may also be asked to report progress at a Foundation Board of Trustees meeting.

2019 Timeline

Thurs, May 30 — **Grants Applications due to Riverview Medical Center Foundation.** Please email to marisa.medina@hackensackmeridian.org or drop in the Foundation's mailbox in RMC Administration. Applicants will receive an email confirming receipt of their application.

August 2019 — Applicants notified of the RMCF Board Designated Grants Committee's decisions.

IMPORTANT: **Funds will not be available until grant decisions are finalized in early August.** Copies of approved PeopleSoft Purchase Orders or approved check request must be submitted to the Foundation by the end of October. Please keep in mind when applying that **funds will not be available outside of this time frame**. Grant recipients will need to ensure vendor approval, if needed, as well as submit purchase orders or check requests in a timely manner to meet these deadlines.

Applications due to RMC Foundation by Thursday, May 30th. No exceptions.

Questions? Email marisa.medina@hackensackmeridian.org or call x2495

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Please attach any pertinent information:

Name of Item or Project: _____

Contact Person: _____ Phone: _____

Department: _____

Total Dollar Amount Requested: _____

Individual Item(s) Requested	Item Cost

Please attach a list if additional lines are needed

- ❑ I have researched accurate costs of the item for which I am requesting funding. Vendor quotes are attached for any products or services.

Brief description of the request:

_____

_____

_____

_____

_____

_____

Who will this grant benefit?

_____

_____

_____

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What are the specific goals and desired outcomes of this request?

_____

_____

How will success be measured? What data will you use?

_____

_____

Please provide the following information ***if your request is for a program***:

Is there a need for ongoing funding for this program? Please explain. _____

_____

_____

What other programs exist in healthcare that are similar to this request? _____

_____

_____

Have they been successful? Please explain. _____

_____

_____

Department Manager Signature Required:

Print Name	Signature	Date
_____	_____	_____

Please submit completed application by May 30 to RMC Foundation.

Email to marisa.medina@hackensackmeridian.org or drop in the Foundation's mailbox in RMC Administration.