



Brooke Army Medical Center Auxiliary

2020 Welfare Grant Application – Example

All sample responses are below in blue

All fields must be completed for application to be considered. Additional enclosures or letters are accepted.

Please submit no later than 15NOV2019. Applications received after this date will not be considered.

Please write Department Name in subject line of email when sending completed application.

SECTION A

Organization/ Unit Name: [27 East](#)
Date of Request: [11/9/2017](#)
Total Cost of items Requested: [\\$ 300](#)

Summary of Items requested and purpose: [To better educate the patients to achieve better understanding and compliance of their procedures and follow up care.](#)

Point of Contact: must be available during business hours through May 2020
(Person held responsible for completing the grant process and able to clarify order and answer questions in a timely manner)

Name & Position: [Suzy Smith, Head Nurse](#)

Phone Number: [916-5555_cell:555-555-5555_](#)
Email: suzy.smith@mail.mil, suzysmith@hotmail.com
Back up contact: Name & Position: [Nellie Norbert, staff nurse](#)
Phone number: [_ 916-4444](#) Email: Nellie.norbert@mail.mil, nellienorbert@gmail.com

Department Chief: [_Belinda Bailey, MD](#) Title: [Chief, ABCD Unit](#) (person with medical authority over unit, if this is a medical request)

Belinda Bailey	M.D. Chief, ABCD Unit	11/8/17
Electronic Signature of Department Chief	Title	Date
Suzy Smith	R.N., Head Nurse	11/8/17
Electronic Signature of Applicant	Title	Date

SECTION B: Inpatient or patient care requests: Auxiliary will place order and have it sent to requestor. Be sure to complete application with section C below.

Item(s) Requested:

(Details should be on order form and attached. A sample can be found at the end of this document)

Educational pamphlets, books, posters, 3D model

Store where item can be purchased **(please include an actual order summary if possible. Be sure to check for discounts, call supplier if necessary):**

Acme Educational Supply- with military discount

Specific web address for ordering item(s) (For Amazon orders please include wish list name, no [etsy.com](https://www.etsy.com) orders): www.acmeed.com/pamphlets/diseaseabcd

Purchase Price: \$295

Shipping Price: \$5

Sales Tax: \$24.34

Total Price: \$324.34

Address item/s to be shipped to: **Must be a work address**

Name: *ATTN: Suzy Smith 27E 555-916-5555*

Shipping Address:

*Building 3600
3551 Roger Brooke Drive
Ft Sam Houston, TX 78234*

Section C: Application Details

On a separate sheet of paper, please answer the following questions completely, limiting each answer to 50 words or less.

1. Explain the reason for this request, who will benefit from these funds and in what manner? Be specific. Include number of patients actually benefitting from the request, not those eligible.

We are requesting the educational materials to assist in the educational process for this very complicated procedure of ABCD, to reduce their fears and encourage them to comply with the follow up required.

2. When are the funds needed? Funds will not be given for past needs.

As soon as they are available.

3. Are you requesting funds from other sources? Explored hospital channels? If yes, please provide details. If no, please explain why.

We are not able to fundraise and have not requested funds from any other source. We did request funds through hospital channels and our request was denied because of a lack of unavailability of funds.

4. Have you applied for funds for this elsewhere? If yes, please explain.

We did apply for a grant from the ABCD Association fund and we will know about that funding in February

- We request items provided by the BAMC Auxiliary be labeled for transparency to show where our funds are going as well as increase community awareness to encourage continued support of our welfare program. How will you label the items or will you need assistance?

We will place a sign on our model and stickers on the books reading: Provided by the BAMC Auxiliary.

Section D: Infection Control

PLEASE READ

If the item(s) that you are requesting are a potential infection control issue please read. Not all applications will need to be reviewed, so please determine if your item requires this attention.

Examples are: **Toys, furniture in patient areas, any high contact item, etc.**

We require that you submit with your application an email or letter from the **Infection Control Department** (not Infection Disease) indicating their approval of said items. This will ensure there is no delay in processing your application for approval.

Contact information: **Infection Control:** (210) 916-2130

We contacted infection control as there is repeat use of the model with the patients. See attached letter.

SECTION E: Community organizations' requests: Please answer questions 1-5 on the following page as well as the additional questions below. (This section does not apply to hospital units)

<i>Date of Event / Project:</i>	
<i>Description of Event / Project:</i>	
<i>Estimated Number of People to Participate:</i>	
<i>Amount to be Paid by Individual Participant:</i>	
<i>Estimated Total Cost of Event / Project:</i>	
<i>Amount Provided by Fundraisers:</i>	
<i>Amount Requested from Other Organizations:</i>	
<i>Amount Received from Other Organizations:</i>	

Questions 6-10 pertain to your organization. Not required for hospital clinics or units.

- What is the purpose of your organization?
- What are your membership requirements/restrictions? How many members does your organization currently have? Do they pay dues?
- How is your organization financially supported?
- Is your organization eligible for MWR support?
- What is the purpose of the funds (please provide a breakdown of project expenses).

Please submit your electronically signed applications in an editable format (Word, etc.) to:

welfare@bamcauxiliary.org (**Preferred**)

Or by mail to:

Amy Robitschek, Welfare Chair
BAMC Auxiliary
PO Box 340539
San Antonio, TX 78234

(If you hard copy mailed the application, please be sure to email the above address to notify of mailed application. Please allow for delivery time.)

Order Form Example:

See attached order form example below:

This would preferably be the order form from the company, or an invoice from the vendor you are using.

ACME Educational SUPPLY
123 RANCH ROAD
ANYWHERE, TX 12345
123-456-7891

ABCD intro pamphlets	100.00 /pkt	2 pkts	\$200
How to live with ABCD book	10.00 ea	20 books	\$200
ABCD model	50.00	2	\$100
ABCD Posters	45.00 set	2 sets	<u>\$90</u>
			\$590
apply 50% military discount			<u>- \$295</u>
			\$295 + \$5.00 shipping for total \$300

I spoke with Joe Salesman from the company for the discount. Use code: 87654321

Ship to:

*ATTN: Suzy Smith 27E 916-5555
Building 3600
3551 Roger Brooke Drive
Ft Sam Houston, TX 78234*