



Brooke Army Medical Center Auxiliary

2020 Welfare Grant Application

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: _____

Date of Request: _____ Total Cost of items Requested: \$ _____

Summary of Items requested and purpose: _____

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

Name & Position: _____

Phone Number: _____ Email: _____

Back Up Contact:

Name & Position _____

Phone Number: _____ Email: _____

Department Chief: _____ Title: _____

Electronic Signature of Department Chief

Title

Date

Electronic Signature of Applicant

Title

Date

SECTION B: Inpatient or Patient Care requests: Auxiliary will place order and have it sent to requestor.

Item(s) Requested: _____

(Details should be on order form and attached)

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

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

Purchase Price:

Shipping Price:

Sales Tax:

Total Price:

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

Name _____

Shipping Address _____

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.
2. When are the funds needed? Funds will not be given for past needs.
3. Are you requesting funds from other sources? Explored hospital channels? If yes, please provide details. If no, please explain why.
4. Have you applied for funds for this elsewhere? If yes, please explain.
5. 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?

Section D: Infection Control

PLEASE READ

If the item(s) that you are requesting are a potential infection control issue please read this section. Not all applications will need to be reviewed for Infection Control, 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 Infectious 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

SECTION E: Community organizations' requests: Please answer questions 1-5 on the following page as well as the additional questions below.

<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.

6. *What is the purpose of your organization?*
7. *What are your membership requirements/restrictions? How many members does your organization currently have? Do they pay dues?*
8. *How is your organization financially supported?*
9. *Is your organization eligible for MWR support?*
10. *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 hard copy mailed, be sure to email above address to notify of mailed application. Please allow for delivery time.)