



Boulder Community Health  
Ambassadors

# Mini-Grant Application

## CRITERIA FOR REQUESTING A MINI-GRANT:

- ❖ Mini-grant will directly enhance or facilitate patient care within the BCH system. They are generally available for non-capital services or equipment. **Not** included are general office supplies, furnishings or continuing education.
- ❖ **Maximum amount of request is \$1,000 or less.** Unspent funds **will not** be carried over by BCH Accounting. Grant amount must be spent within the calendar year.
- ❖ If this request is an ongoing need, consideration should be given to including the expense in the future departmental budget.

## APPLICATION PROCESS:

- ❖ Applications are available online at [www.bchambassadors.org](http://www.bchambassadors.org) or from the BCH Volunteer Services Office.
- ❖ Submit completed application by delivery or email to the Volunteer Services Office **no later than the first of each month** in order to be considered at that month's Ambassadors meeting. No applications will be accepted in July and August.
- ❖ Consideration is given on the relative merits and urgency of each application. You may be asked to present your application at an Ambassadors' Leadership Council meeting.
- ❖ Notification of decision will be via email.
- ❖ Recipients of mini-grant will complete a Mini-Grant Feedback Request Form, included in notification email.

**APPLICANT INFORMATION:** Requested Amount (up to \$1,000) \_\_\_\_\_

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Department: \_\_\_\_\_

Business Phone: \_\_\_\_\_ BCH Email: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DEPARTMENT DIRECTOR REVIEW:

Comments:

Director's Business Phone \_\_\_\_\_ BCH Email: \_\_\_\_\_

Director's Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **REQUIRED SUPPORT INFORMATION:**

- 1. Briefly describe the project/program/equipment. (Attach applicable info, data, photos, etc.)**
- 2. What will this project/program/equipment accomplish?**
- 3. Who will benefit? And how many will benefit?**
- 4. What are the problems that this project/program/equipment will try to solve?**
- 5. What alternative solutions have been considered?**

6. What other funding sources have been considered?

7. Could this project/program/equipment be included in your operating budget?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, why has it not been funded to date?

8. Please itemize the cost of the project/program/equipment to be funded.

9. Define urgency of need(s) for this request and why: Urgent (1-2 months) \_\_\_\_\_ Not Urgent \_\_\_\_\_

10. What is expected useful life of this request (in terms of years)? \_\_\_\_\_

11. What additional information would you like to include?

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Director of Volunteer Services Review: \_\_\_\_\_ Date \_\_\_\_\_  
Signature

President of BCH Foundation Review: \_\_\_\_\_ Date \_\_\_\_\_  
Signature

BCHA Board Action: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Tabled \_\_\_\_\_ Other \_\_\_\_\_ Date \_\_\_\_\_