



**VOLUNTEER COUNCIL
GRANT APPLICATION**

Funding will support the Patient & Family Centered Care approach to health care as outlined in "Carolina Care."

Date:	Name:
Email:	Title & Department:

Please check all that apply to this grant:

Patient/Family Need Staff Support Community Service Education

Please provide the following information (attach additional pages if necessary):

1. Brief description of project:

2. Statement of need/problem to be addressed:

3. Description of how this funding will support Patient & Family Centered Care:

4. Clear description of program goals and measurable objectives:

Units Needed: _____	Cost/Unit: _____	Total Cost (including freight): _____
Signature of Requestor:		
Signature of Supervisor:		
(Electronic Signatures Accepted)		

**For grants over \$500.00, please attach estimates from vendors
A follow-up report (Form G-5) is required within 90 days of completion of the project.**