



Volunteer Association Council

G-2 Grant Application

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

Name of Requestor:	Date: __/__/__
Title & Department:	Email:

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. State specifically the need/problem to be addressed and its benefits/goal:

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

4. Budget Details: (List each item and cost per item separately)

- Item being requested
- Cost per item
- Total items needed
- Total Cost including freight

For grants over \$500, please attach estimates from vendors.

A follow-up report (Form G-5) is required within 90 days of completion of the project.

Signature of Requestor: _____

Signature of Supervisor/Department Manager: _____