



UIHC Volunteer Service Request for Funds

Thank you for your interest in receiving funds from Volunteer Services to benefit our patients and their families!

The deadline for funding requests is December 31, 2023.

*** Required**

Project or Program Title *

1. Email address *
2. Date of request *
3. Department requesting funds *
4. Individual submitting request *
5. Campus mailing address *
6. Phone Number *

Project or Program Funding

11. Have you applied for budgetary support? *
- Yes
- No
12. If you have applied for budgetary support, please describe the status of the support.
13. If you have NOT applied for budgetary support, please explain why not.
14. Have you explored other sources for external funding outside of Volunteer Services (e.g. requests through CMN)? *
- Yes
- No
15. Requests for areas with discretionary funding should first be reviewed through those processes.
For example, requests supporting pediatrics should first be routed for review through the SFCH discretionary funding program (cancer patients through HCCC discretionary funding process, etc.).
- Have you explored applicable discretionary funds?
- Yes
- No

If yes, describe the state/status/result of the request:

16. Is this a request for total or partial funding? *

Total funding

Partial funding

17. If the request is for partial funding, what are the other sources for funding?

18. Is this a one-time or ongoing project or program? *

One-time project or program

Ongoing project or program

19. If this is a one-time project or program, what is the total cost, and what is the amount you are requesting from Volunteer Services?

20. If this is an ongoing project or program, what is the length of time covered by this request, what is the annual cost, and what is the amount you are requesting from Volunteer Services?

21. If this is an ongoing project or program, how will you fund it in the future?

22. What will the impact be if this request is not approved? *

23. Please provide a specific itemization of expenses to be included in the funding request. *

Background Information

24. Have you been approved for funding from Volunteer Services in the past? *
- Yes
 - No
25. How many times have you previously received funding from Volunteer Services?
26. Was the previous funding request for the same project?
- Yes
 - No
 - N/A
27. Have you submitted a request for this project in the past that was not approved? *
- Yes
 - No
28. What was the date of the most recent request (approved or not approved)?

Additional Information and Departmental Approval

29. Please provide any additional information or comments that would be helpful when reviewing this request.



Request for Funds Signature

* Required

Project or Program Title *

Approval from Primary Department Chair or Department Head

If it is a nursing request, a Director level signature is required.

Name *

Signature *

Date Signed *

Example: December 7, 2023

Approval of Collaborating Department Chair or Department Head

Name

Signature

Date Signed

Example: December 7, 2023

Submit this completed form to the Volunteer Services email at volunteerservices@uiowa.edu by December 31, 2023.