UNC HEALTH CARE
UNC Hospitals Volunteer Association

S-1 **GUIDE FOR SPECIAL GIFT REQUEST**

Guidelines

The following areas are listed in order of priority for funding consideration by UNC Hospitals Volunteer Association, and each request should relate to one or more of these categories:

1. Directly patient/family related
2. Staff support
3. Community service
4. Education
   - Professional "train the trainer": registration fees only
   - Written and electronic educational resources to benefit department or unit.
5. TVs for therapeutic use (Wiis, games)

The UNC Hospitals Volunteer Association **does not** consider requests for funding in the following areas:

1. Meeting, education expenses for individual staff members
2. Salary support for hospital personnel
3. Salary, stipends, honoraria or recognition for non-hospital or hospital personnel
4. Patient Education Materials
5. Televisions for entertainment
6. Door prizes
7.

Forms for Special Request Gifts may be obtained at:
http://www.unchealthcare.org/site/volunteers/VOLUNTEERASSOC/GRANT%20REQUEST%20FORM

Request:

1. Please complete attached form (S-3) to request funds over $100.00. Include any additional information in support of your request. **Any request over $500.00 needs to include estimates from multiple vendors.**
2. You may use an electronic signature for the requestor and the supervisor.
3. Email your completed request to the Director, Volunteer Services, lbowles@unch.unc.edu, by the corresponding submission date (see below). The Finance Committee will make its recommendation at the next Leadership Council meeting for a decision. The Corresponding Secretary will inform you of the outcome.

Payment procedures (if request is approved):

1. **Purchases cannot be made through the hospital's purchasing department.**
2. If you can purchase the items and pay for them by personal check or credit card, submit your receipts to the Volunteer Office for reimbursement from the Volunteer Association Treasurer within in a week.
3. If you are unable to pay for the items, submit an invoice from the vendor to the Volunteer Office and we will issue a check or pay by debit card.
4. **Approved funds are only available for 90 days after the date of the approval letter.** You must request an extension in writing to the Finance Chairperson.
5. The Volunteer Association may ask for a report on how the granted funds were used to help the hospital, its staff and/or patients and their families.

2013 – 2014
REQUEST DATES

Submit Request by:	**Finance Committee Meeting:**	**Council Meeting:**
September 8, 2013	September 18, 2013	September 25, 2013
November 3, 2013	November 13, 2013	November 20, 2013
January 5, 2014	January 15, 2014	January 22, 2014
March 9, 2014	March 19, 2014	March 26, 2014
May 11, 2014	May 21, 2014	May 28, 2014

Email Requests To: lbowles@unch.unc.edu
Director, Volunteer Services Department
919-966-3974

Note: Please save this instruction form for payment procedures.
Revised 6/1/05; 7/05; 1/06; 9/06; 7/07; 1/08; 6/08; 6/09; 6/10; 5/11; 5/12; 6/13

S-3

UNC HEALTH CARE
Volunteer Association

REQUEST FOR SPECIAL GIFT
VOLUNTEER ASSOCIATION FINANCE COMMITTEE

Date _____ Email address _____

Name _____ Title _____

Phone _____ Department _____

Mailing Address _____

REQUEST: (PATIENT/FAMILY NEED ___ / STAFF SUPPORT ___ / COMMUNITY SERVICE ___ / EDUCATION ____)

Describe the program/project associated with the request and how it will benefit patients, community, staff and/or department being served. (Please attach additional information if necessary.)

What are the goals you hope to achieve?

How long will the program/project last?

Why are you unable to secure this request through regular or departmental budget funding?

A final report is required within 90 days of the completion of the program.

Units needed _____ Cost/Unit _____ Total Cost _____ (include freight)

Signed by Requestor _____

Signed by Supervisor _____

NOTE: Please attach estimates from vendors for requests over $500.00.

Revised 3/06; 1/08; 6/08; 1/09; 8/12; 1/13; 6/13