



Good Samaritan Hospital Guild

Overview and Process

Good Samaritan Hospital Guild is accepting proposals for project funding for the Good Samaritan Region. Applications are now available year-round, can be submitted at any time, and will be part of the grant cycle with the next upcoming due date noted below.

Proposals **must** be submitted online using [this link](#) on gshfoundation.com/guild. A template is attached for your reference; you may wish to complete the narrative questions in a Word document and then copy/paste into the online form. There is a place to upload supporting documentation if required for your request. If you have trouble with the upload, you may send a hard copy of the supporting documentation to Lindsey Jarvis through interoffice mail or hand deliver to the Foundation office on the 4th floor of GSH.

Submitted proposals will be sent to Directors via email for written approval for submission of the grant request. All applications will first be considered by the Administrative Review Committee. The Committee will determine if the application will move forward to the Guild Board for final consideration.

FY2025 Grant Cycle Dates:

Fall Cycle:

- Applications due 8/28/2024 @ 11:59PM
- Scheduled 10-Minute presentations on 9/18/2024 between 9 AM-2 PM
- Approval announcements will be made on 9/20/2024
- Deadline for purchase: 1/2/2025
- Reimbursement form and supporting documentation due 2/10/2025

Winter Cycle:

- Applications due 1/2/2025 @ 11:59PM
- Scheduled 10-Minute presentations on 1/22/2025 between 9 AM-2 PM
- Approval announcements will be made on 1/24/2025
- Deadline for purchase: 3/26/2025
- Reimbursement form and supporting documentation due 4/9/2025

Spring Cycle:

- Applications due 3/26/2025 @ 11:59PM
- Scheduled 10-Minute presentations on 4/16/2025 between 9 AM-2 PM
- Approval announcements will be made on 4/18/2025
- Deadline for purchase: 7/16/2025
- Reimbursement form and supporting documentation due 8/11/2025

Guidelines

- ❖ Applicants may request up to \$20,000; requests for grants of more than \$20,000 will not be considered.
- ❖ Joint funding with the Bethesda Auxiliary will occur in the April cycle only.
- ❖ Exclusions. The Guild will NOT consider funding for:
 - ❖ Team member salaries
 - ❖ Team member tuition
 - ❖ Team member travel expenses
 - ❖ Computer hardware for individual team member use
 - ❖ Televisions or video-viewing equipment such as DVDs
- ❖ Projects and programs will only be funded if approved by the appropriate Director.
- ❖ All requests for equipment, furniture, etc., must have a written estimate from the Purchasing Department submitted with the proposal.
- ❖ All construction or renovation requests must have a written estimate of cost from the Construction Office submitted with the proposal.
- ❖ All computer hardware and software requests must include documented approval from Information Systems.
- ❖ Grant requests should include shipping and handling charges where appropriate.
- ❖ Applicants will be required to give a 10-minute scheduled presentation prior to funds being awarded. Please hold the day and time in the Cycle Dates on page 1.
- ❖ Any Good Samaritan Hospital Guild grant money not spent within 3 months of award notification will be forfeited. Reimbursement to the recipient's cost center from the Guild Fund held at Good Samaritan Foundation may occur after the 3 months as long as the expenses were made.
- ❖ If you do not use the award in the 3 months, you may not reapply for the same request for 1 year.
- ❖ Once funded items/equipment are received or programs are implemented, recipients are expected to work with the Foundation team to provide photos and stories. Recipients are required to attend the following Guild Membership meeting to demonstrate the impact of the Guild funds and be recognized for their award.

For questions or more information, contact Lindsey Jarvis, Specialty Foundation Officer, at 513 862 1354 or Lindsey_Jarvis@trihealth.com

Good Samaritan Hospital Guild

Request for Funds

Date _____ Phone (_____) _____

Department Name _____ Location _____

Cost Center Number _____

Contact Person _____ Title _____

Applicant – Please Print _____ Date _____

Director Name (please print) _____ Date _____

Director Signature

Funding Category (check one only) _____Project _____ Equipment _____Other

What project/program/items are you seeking to support?

Amount Requested: \$ _____

Please answer the following questions.

1. Purpose of Grant (be specific). Describe the project/program you want to support or the items/equipment you are seeking. (500 word limit)
2. Who will benefit from this grant and how? For example: direct patient care, customer-related (families and visitors), community, and/or Team Members/physicians? (500 word limit)
3. Approximately how many individuals will benefit? This could be per day, per month, or per year. (100 word limit)
4. Have you applied for funding for this project/equipment from any other sources (general budget/other Foundation funds?) If so, what sources and when? (100 word limit)

