



## Adirondack Health Foundation Mini-Grant Procedure

**Effective Date:** 10/15/25

**Approved by:** Adirondack Health Foundation Board Select Committee

### Purpose

The Adirondack Health Foundation Mini-Grant Program is designed to support staff-led projects that enhance patient care, improve healthcare delivery, or contribute to departmental innovation across Adirondack Health. Mini grants are intended to provide flexible, short-term funding for projects that fall outside traditional budgeting cycles or represent new and promising ideas aligned with the organization's mission and strategic plan.

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### Grant Amounts

- Mini grants range from **\$500 to \$5,000**.
- Requests exceeding \$5,000 will only be considered under highly reasonable and clearly stated circumstances. If the amount exceeds the maximum standard, applicants must present a compelling plan to leverage Mini-Grant funding with additional financial support or cost-sharing. Failure to include this will render the application ineligible for consideration.

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### Strategic Alignment Requirement

To be considered for funding, all Mini-Grant proposals must directly align with at least one of the three strategic pillars outlined in the Adirondack Health 2025–2027 Strategic Framework:

- **Enrich Workforce** – *Projects that support recruitment, retention, training, or well-being of healthcare professionals and staff.*
- **Advance Access** – *Initiatives that improve patient access to care, services, or health-related resources.*
- **Enhance Operations & Infrastructure** – *Proposals that strengthen internal systems, technology, equipment, or physical space to improve service delivery.*

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### Restricted Fund Utilization

- If a **restricted fund** has been previously established with the Foundation and the **request aligns with the fund's purpose, funding will first be drawn from that source** before unrestricted Foundation funds are used.

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## **Continuing Education Policy**

- Requests related to continuing education will be considered only for special projects or new programming, and only after departmental budgets for such expenditures have been exhausted.
- Mini-grants may not be used for academic coursework or college credit-bearing programs. These are not eligible under the Mini-Grant Program.

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## **Capital Equipment Policy**

- For all capital project requests over \$3,000, a Capital Equipment Justification Form must be completed and submitted along with the Mini-Grant application before it is considered.
- All quotes for equipment purchases must be obtained and reviewed by the Supply Chain Department prior to submission. Quotes must include all associated fees such as shipping, installation, and service agreements.
- Applicants are encouraged to review the National Contract Listing provided by the Supply Chain Department before obtaining quotes. This provides department directors with the opportunity to see vendors available on contract, where cost savings, protections, and safeguards have already been negotiated for Adirondack Health.
- Any expenses not included in the original application and approved quote, including changes to quote amounts or added costs, will not be funded by the Foundation.

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## **Application Requirements**

- All required signatures must be secured prior to submission (including department director and chief officer).
- Incomplete applications or those missing approvals will not be scheduled for presentation to the Foundation Board Select Committee.
- Applications must include:
  - Completed Logic Model
  - Itemized project budget
  - Project timeline
  - Sustainability plan
  - Evaluation plan
  - Quotes (if applicable)
  - Special Purchase Requisition
  - Capital Equipment Justification Form (if applicable)

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### **Spending Timeline and Restrictions**

- All awarded funds must be spent within 30 days of the award date.
- If special circumstances arise, an extension request must be communicated to the Foundation before the 6-month deadline.
- Failure to spend the funds within the approved timeframe may result in forfeiture of unused funds and affect future eligibility. Awards cannot be rolled over into the next Mini-grant program year.

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### **Final Note**

All applications are evaluated on their merit, alignment with strategic priorities, and feasibility. Funding is not guaranteed and is subject to the availability of Foundation resources and the recommendation of the Foundation Board Select Committee.



## 2026 Mini-Grant Application

**Submission Deadline: February 13, 2025**

Please submit completed applications to:

Mary McLean, Foundation Office | Email: [mmclean@adirondackhealth.org](mailto:mmclean@adirondackhealth.org)

### Applicant Information

- **Project Title:** \_\_\_\_\_
- Which pillar of the Adirondack Health 2025 – 2027 Strategic Framework does this project address:
  - Enrich Workforce**
  - Advance Access**
  - Enhance Operation & Infrastructure**
- **Amount Requested:** \$ \_\_\_\_\_  
*If over \$5,000, explain how the additional funds will be secured or leveraged:*  
\_\_\_\_\_
- **Name of Applicant:** \_\_\_\_\_
- **Department / Location:** \_\_\_\_\_
- **Phone Extension:** \_\_\_\_\_
- **Email:** \_\_\_\_\_
- **Department Director Signature:** \_\_\_\_\_
- **Chief Officer Signature:** \_\_\_\_\_
- *Only complete if the project is an IT request:*  
**IT Director Signature:**

### Capital Equipment (if applicable)

- **Was this item/project on the capital request list?**  Yes  No  
*If yes, which year?* \_\_\_\_\_
- **Is this a capital purchase over \$3,000?**  Yes  No  
*If yes, a Capital Equipment Justification Form for the fiscal year is required with this application.*

### Department Fund Status

- **Does your department or program have a restricted fund with the Foundation?**  
 Yes — Fund Name: \_\_\_\_\_  No



## Continuing Education (*if applicable*)

- **Does this project involve continuing education?**  Yes  No  
*If yes, explain why this is not covered by your departmental budget:*

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## Project Logic Model – Required

Please complete each section below for your project. You may attach additional pages if needed.

### 1. Need / Problem

*What issue or opportunity does the project address?*

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### 2. Inputs / Resources

*What resources (staff time, equipment, partnerships, funding, volunteers) are needed to carry out the project?*

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### 3. Activities

*What key actions will be undertaken (e.g., trainings, purchases, services delivered)?*

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### 4. Outputs

*What tangible results will occur (e.g., number of patients served, workshops held, devices installed)?*

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### 5. Short-Term Outcomes

*What immediate benefits will be realized (e.g., improved access, better workflow, enhanced patient experience)?*

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## **6. Long-Term Outcomes**

*What lasting impact do you expect (e.g., improved health outcomes, cost savings, reduced readmissions)?*

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## **7. Patient Care Impact**

*How will this project enhance patient care and align with Adirondack Health's Strategic Plan?*

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## **8. Project Timeline (All funding is to be spent within 30 days of the award)**

*What is the anticipated start and end date? List key milestones.*

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## **9. Sustainability Plan**

*How will the project continue or be maintained after this grant is expended?*

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## **10. Evaluation / Success**

*How will you measure project success (e.g., surveys, health data, number served)? What data will you track and how will you report outcomes?*

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#### **11. Supporting Documents (MUST BE PART OF THE SUBMITTED APPLICATION)**

- Attached quote(s) *must be finalized and approved by the supply chain director (if applicable) all shipping should be included.*
- Photo(s) or product brochures
- Confirmation that vendor quote(s) were reviewed against the National Contract Listing to ensure consideration of contracted vendors with negotiated cost savings and safeguards.
- Capital Equipment Justification Form *(if applicable)*
- Other relevant documentation

**No application is considered completed and scheduled for a presentation until all materials and supporting documentation are submitted.**