

# Adirondack Health Foundation

## Special Priority Grants – Policy and Application

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### Policy Overview

#### **Purpose:**

In exceptional circumstances, Adirondack Health Foundation may consider Special Priority Grants outside the regular Mini-Grant cycle when requests are deemed critical to patient care, safety, or essential operations.

#### **Eligibility Criteria:**

Requests may be considered only if:

- Classified as a Level 1 capital budget priority;
- Failure to obtain would cause loss of essential services, patient diversion, or immediate safety impact;
- No other funding sources are available; and
- The department explains why the request was not submitted during the Mini-Grant cycle.

#### **Use of Remaining Mini-Grant Funds:**

Unspent Mini-Grant funds may be reallocated to eligible Special Priority Grants if approved by the Foundation's Executive Committee.

#### **Review Process:**

1. **Department Submission** – Includes justification, documentation, and vendor quote.
2. **Administrative Review** – Conducted by the Foundation Executive Director with Supply Chain review.
3. **Executive Committee Approval** – May occur between Board meetings for timely decisions.
4. **Board Notification** – All approved requests are reported at the next Foundation Board meeting.
5. **Recognition & Stewardship** – Approved grants are listed in the Foundation's annual impact report.

## Application Form

### Adirondack Health Foundation Special Priority Grant Application

*(For Level 1 Capital or Urgent Funding Requests submitted outside the Mini-Grant Program window)*

#### Applicant Information

Project Title: \_\_\_\_\_

Department / Location: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Requested Amount: \$ \_\_\_\_\_

☐ This item is a Level 1 capital priority

☐ Loss of services or patient diversion will occur if not funded

Department Director Signature: \_\_\_\_\_

Chief Officer Signature: \_\_\_\_\_

Executive Director, Foundation: \_\_\_\_\_

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#### 1. Justification for Request

Describe the urgent need and impact on patient care or operations. Explain why this was not submitted during the Mini-Grant cycle.

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#### 2. Capital Budget Alignment

Was this item included in the Adirondack Health capital budget? ☐ Yes ☐ No

If yes, specify year and priority level: \_\_\_\_\_

#### 3. Project Details

Provide summary, vendor, and estimated cost. Attach at least one quote approved by Supply Chain.

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#### 4. Timeline and Urgency

Indicate desired purchase or implementation date and explain urgency.

### **5. Supporting Documentation (Required)**

- ☐ Capital Equipment Justification Form (if applicable)
- ☐ Vendor quote approved by Supply Chain
- ☐ Supporting photos or product info
- ☐ Capital budget priority documentation

### **6. Review and Approval Process**

1. Department Submission → Foundation Office
2. Administrative Review → Executive Director with COO & CFO
3. Executive Committee Approval → May approve between Board meetings
4. Board Notification → Presented at next Foundation Board meeting

### **7. Stewardship and Reporting**

Approved projects will be reported as *Special Priority Grants* in the annual Foundation Impact Report.