

Adirondack Health Foundation

Special Priority Grants – Policy and Application

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: _____

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.

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.

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.