# UNC HEALTH®

## Volunteer Association Council
### *G-2 Grant Application*

**Funding will support the Patient & Family Centered Care approach to health care as outlined in "Carolina Care."**
- For grants over $500, please attach estimates from vendors.
- A follow-up report (Form G-5) is required within 90 days of completion of the project.
- Form must be submitted to: Beth.Bailey@unchealth.unc.edu

| | |
|---|---|
| Request Date: | |
| Name of Requestor: | |
| Title & Department: | |
| Email: | |

**Check all that apply:**

| | |
|---|---|
| ☐ Patient/Family Need | ☐ Community Service |
| ☐ Staff Support | ☐ Education |

**Please provide the following information (attach additional pages if necessary):**

| | |
|---|---|
| Brief description of project: | |
| Specific need/problem to be addressed and its benefits/goal: | |
| Description of how funding will support Patient & Family Centered Care: | |

**Budget Details: (List each item and cost per item separately)**

| | |
|---|---|
| Item(s) being requested: | |
| Cost per item(s): | |
| Total items needed: | |
| Total cost including freight: | |

Form G-2: 7/16; 7/18; 5/19; 7/20; 6/21; 6/23

X _____
Requestor

X _____
Supervisor/Department Manager