



Valley Anesthesiology Foundation

Grant Application Form

Please complete and attach to proposal.

Name of Application Organization Amount Requested

Name of Project or Purpose of Grant

Project Start Date (if applicable) Duration of Project (in months)

Project Director's Name Title

Street Address

City State Zip Phone Number

Name of organization to which check would be made payable, if awarded

Organizations receiving grant funds acknowledge that these funds are to be used solely in support of the purposes specified in the grant request submitted to the Foundation and as reviewed and approved by the Foundation. The organization receiving Foundation funds agrees to adhere to the Foundation's reporting requirements, including submission of an expenditure report on the use of the grant funds, and any requirements of the Internal Revenue Code pertaining to foundation grants, or attach letter of support from CEO or Executive Director.

The above conditions of grant are hereby accepted and agreed to as of the date specified:

Signature and title of CEO/Executive Director of applicant organization Date

or forward letter from organization's CEO/Executive Director with VA Foundation requests.

Grant Eligibility

Grants will be made only to non-profit organizations with appropriate 501 (c) (3) and 509(a) tax status as specified under a letter issued by the IRS, or public entities and institutions such as cities, universities, public schools, health departments and state agencies.

Multiple grant requests from the same organization in the same review cycle are discouraged. An organization whose grant request was not funded in one grant cycle cannot resubmit the same request for at least 12 months.

Selection Criteria

Selection of grant recipients will be based on a number of factors, including:

- the need and scope of the project proposed;
- evidence of how the proposed project fits larger objectives and needs;
- the capacity of the organization to implement the proposed project.

The organization will be required to submit a program narrative and expenditure report detailing how the grant funds were spent. In the event that an unexpended balance of grant funds remains at the end of the grant period, this balance must be returned to the Foundation for use on other projects.

Application Procedures

Funding requests should include the following elements:

- Complete application form (see enclosed sheet).
- Letter signed by the organization's chief executive officer describing the proposed project and the need(s) it fulfills.
- Project budget, depicting by specific line items how the grant funds would be spent. (if applicable)
- Copy of the organization's most recent tax-status letter from the IRS specifying the 501 (c)(3) and 509(a) status or reference to previously submitted verification on file at the Foundation.
- Copy of the organization's latest annual financial statements, or a copy of the most recently filed form 990.

Program Administration

Inquiries and grant requests should be submitted to:

Valley Anesthesiology Foundation
1850 N Central Ave. Suite 1600
Phoenix, AZ 85004

Grant awards are made by the Foundation's Board of Directors following a review of all requests on a quarterly basis.



Volunteer Opportunity Form

Do you offer volunteer opportunities to individuals and organization? If so, please complete this form to provide key details we need to create a volunteer posting on your behalf to our internal staff and physicians.

Name of your Organization:

Volunteer Opportunity Title(s):

Volunteer Opportunity Type(s):

One Time Project or Event

Recurring Project (*For example – serving breakfast at a shelter or medical/dental exam every Saturday*)

Ongoing Opportunity (*Long-term volunteer to assist your agency on a consistent basis*)

Location of the Volunteer Opportunity:

Physical Address

City

State

Zip Code

Start Date:

End Date:

Number of Volunteers Needed:

Min # Max #

_____ _____

Minimum Age Requirements:

Leave fields blank if you will only take adults age 18 and over.

Without an Adult _____ With an Adult _____

Please Provide Shift Days, Times and Expected Time Commitment:

Describe the volunteer role and key responsibilities:

What qualifications are you looking for:

Volunteer Supervisor: _____

Supervisor Email: _____

Supervisor Phone: _____

Program website or link to more information:

Additional Comments or Questions:
