



FRIENDS GIFT SHOPS

The Friends of the University of Michigan Hospital is a non-profit organization designed to assist health care professionals, through the provision of funds, in rendering services to patients and to assist in promoting the health, welfare, and education of the community. **Please review our guidelines online prior to filling out and submitting your application.**

Funding Request Deadlines per quarter:

December 1st

March 1st

June 1st

September 1st

Date submitted: _____

Date received (office use): _____

Contact Person

Name:
Phone:
Email:

Project Manager requesting funds (If same as contact, leave blank)

Name:
Phone:
Email:

Department name: _____

Address: _____

(Include box number if campus address)

INFORMATION REQUIRED

If the project is approved, funds will be transferred to the required information provided below. **Accounts are already designated by UM Accounting Office according to FUND ID#, Friends Journal Entries CAN NOT be transferred to Gift Fund 3XXXX.**

REQUIRED information: Select **One** FUND ID# below that applies to your department

FUND 40000 Account: 624210	FUND 56000 Account: 624410
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REQUIRED Information: FULL DEPARTMENTAL CHARTFIELD NUMBERS are required (**NO shortcodes**)

DEPT#:	PROGRAM:	SUB-CLASS:	PROJECT GRANT (opt.)
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- Complete the entire application and submit by the quarterly deadlines (The 1st of December, March, June or September) to FriendsOfUMHS@med.umich.edu. Incomplete applications will be returned.
- Does this request meet UMHS Interior Design & Artwork guidelines (ie. Signage, design, color)? Yes No or N/A (select one)
(If yes, provide copy of the design and/or artwork)
- Does this project require installation, construction or structural adjustment/changes? Yes No or N/A (select one)
- If yes, to any of the above, provide the name of the approver, dept., phone and email below. If you have **not received approval** by the appropriate department(s) see the provided list below to contact prior to filling out the UMHS Friends Fund Application.

Name of approver: _____ Phone: _____

Dept: _____ Email: _____

Pre-Approval contacts: Each department is responsible for specific locations of the UM. Please contact them for authorization, approval and estimates prior to submitting application to Friends for funding.

Name	Dept	Phone	Email
PENDING Name	Facility Planning & Development	7-2760	Pending Email
Cathy Schorr (Mott & Womens)	Art Committee	4-7323	cschorr@med.umich.edu
Elaine Sims (UH, CVC & Cancer Ctr)	Director of Gifts of Art	936-7634	esims@med.umich.edu
Various see website	Building Manager	various	http://www.med.umich.edu/facilities/bldgmgr/mngr/index.html
For quotes: Support services link from internal home page	Construction Services	<See internal home page>	https://uhintwebspr1.mcit.med.umich.edu/hos/link/

5. Item(s) or project requested:

6. Target Audience/User(s):

7. Amount requested: \$_____.

8. Has Friends previously provided funds for this project/item(s)? Yes or No (select one). If so, when_____.

9. How will the target group/user benefit from this project?

10. Please itemize in priority order, including cost, quantity and detailed description. (attachments are welcome)

11. List Vendors and Estimates (we recommend UM approved vendors)

12. Is this a one-time request? Yes or No (select one) If no, please indicate estimated date(s) for further requests.

13. Would partial funding from Friends be helpful? Yes or No (select one).

14. Who will be responsible for the security of the item(s)? Yes or No (select one). Explain how the item(s) will be secured?

15. Additional Comments:

Signature(s) are required in order for the application to be considered. Head Nurse, Project Manager or Manager/Supervisor (or all that apply). Appropriate Associate Hospital Director or Department Head or Chairman (signature required if applicable to your department)

Signature:
Printed name:
Dept. Title:
Phone:
Email:

Signature (opt.):
Printed name (opt.):
Dept. Title
Phone:
Email:

Applications will be reviewed during the quarterly months of January, April, July and October.

* Refer to Friends website for current guidelines and funding application: <http://www.med.umich.edu/friends/funding.htm>.
Note: All old Funding Forms will be returned.

All applications must be submitted via email to the following contacts:

Debra Burrum, UMHS Friends Advisory Board Treasurer dburrum@med.umich.edu

AND

Waitzy Brown FriendsofUMHS@med.umich.edu

Any questions please contact Waitzy Brown, UM Friends Advisory Board Administrative Assistant, 734-615-6147 or email at FriendsofUMHS@med.umich.edu.