



## Employee Campaign Grant Proposal

### A. Application Information

Applicant Name	Department
Address/MS	City, State, ZIP
Email	Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

### B. Proposal Details

Amount Requested	
Grant Proposal Description	
Describe Other Funding Sources Applied for or Received	

Funding Category (Please Select One Below):

**A) Patient Care**

Proposals will request funding to provide goods or services that will have a direct impact on our patients.

**B) Facility Improvement**

Proposals will request funding to purchase goods or services used to upgrade or enhance the workplace environment.

**C) Employee Development Programs**

Proposals will request funding to support specialized training that will benefit the employee's department and/or the services provided to peers.

**D) Research Needs**

Proposals will request funding to purchase goods or enhance equipment allowing for advancement of research practices.

### C. Project Impact

Describe the Impact This Funding Will Have on Our Institution	
Estimated Number of People This Project Will Impact	

### D. Budget Information

Provide Detailed Budget	
-------------------------	--

Attached Supporting Documentation:  A) Letters of Recommendation  B) Estimates  
 C) Photographs  D) Warranties  E) Other

*Note: The undersigned requestor/applicant agrees to spend in good faith the above funds, if granted in accordance with the special needs outlined above. The requestor/applicant further agrees to provide the Our HSC employee grant committee a report and related documentation on the use of funds within 30 days of the receipt of funds.*

\_\_\_\_\_  
Requestor/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requestor/Applicant Name (Typed or Printed)

\_\_\_\_\_  
Dean/Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Director Name (Typed or Printed)

For questions concerning the application process,  
please contact Darcy Pollock  
806-743-3538 | darcy.pollock@ttuhsc.edu

Forward Completed Application to:  
Our HSC Employee Campaign  
Institutional Advancement  
MS 6238

**For Employee Campaign Grant Committee Use Only**

Date Approved	
Amount Approved	

Approved By	
Approved By	
Approved By	
Approved By	
Approved By	
Approved By	
Approved By	
Approved By	
Approved By	
Approved By	
Approved By	
Approved By	
Approved By	
Approved By	
Approved By	

Funding Letter Sent	
Funding Project Completion Date	
End of Project Report Received	