



## 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) Employee Care**

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

**B) Employee Development Programs**

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

**C) Patient Care**

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

**D) Campus Improvement**

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

**E) Research Support**

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

**C. Project Impact**

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

D. Budget Information

Category	Amount/Explanation of Cost	Total
Equipment		
Supplies		
Shipping		
Install		
Labor		
Other (please list)		
<input type="checkbox"/> Facilities has approved the above budget breakdown, if applicable		Overall Cost:

Name of approving facilities employee: \_\_\_\_\_

E. Long-Term Maintenance

If Applicable, Please Estimate the Budget for Long-Term Maintenance/Upkeep of the Project.  Please Explain.	Amount/Explanation of Cost	Total

**F. Timeline (1 year)**

Please Describe an Outline of the Estimated Schedule for Completion	
If Longer Than 1 Year Is Required, Please Explain	

*Note: If funds are unable to be used in their entirety on/before 1 calendar year from the award date, an extension request must be filed no later than 3 months before deadline*

**G. Attach Photographs if Applicable**

*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.*

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Requestor/Applicant Signature

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Date

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Requestor/Applicant Name (Typed or Printed)

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Dean/Director Signature

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Date

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Dean/Director Name (Typed or Printed)

For questions concerning the application process,  
Please contact Peyton Sifrit  
806-743-2839 | [ourhsc@ttuhsc.edu](mailto:ourhsc@ttuhsc.edu)

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

