

LYELL McEWIN REGIONAL VOLUNTEER ASSOCIATION INC

POLICY & PROCEDURES DOCUMENT



POLICY TITLE: MAKING DONATIONS

POLICY NUMBER: 8.6

POLICY STATEMENT:

The Board of the Volunteer Association are dedicated to ensuring that funds distributed by the Volunteer Association are done so in a way which is easily understood, transparent, equitable and which gives final decision making authority to the Board.

EXPECTED OUTCOMES:

- ☛ That a clear process shall exist for the distribution of funds by the Volunteer Association
- ☛ That time lines for the distribution of funds shall be developed
- ☛ That criteria outlining the priorities for giving shall be available for the benefit of those seeking funding as well as the Board in its decision making capacity
- ☛ That all other funding avenues will have been explored and exhausted prior to a request being considered by the Volunteer Association Board

PROCEDURES (To Implement Policy)

1. All applications for financial assistance from the Volunteer Association by a hospital Department *must* first be submitted to the hospital Executive team, preferably on the approved 'Application for Financial Assistance' form (attached), and include all requested information.
2. While all requests will be considered, priority shall be given to applications which meet one or more of the following requirements;
 - ~ The request shall be for equipment to be used at the LMH campus of CNAHS
 - ~ The request shall be for medically orientated equipment
 - ~ The request shall be of benefit to patients of LMH in some way
3. The final decision on which projects and levels of funding are approved shall be entirely at the discretion of the Board, who may choose to consult with the General Manager of LMH and other key personnel to assist with decision making and priority of requests.
4. Applications which are not successful shall need to be re-submitted for re-consideration and may not automatically be held over until the next round of funding
5. Once an application is approved it shall be the responsibility of the Executive Officer to follow through the purchase of the equipment with the relevant ward / area and to report progress back to the Board at subsequent meetings
6. As donations to LMH are made with a 'consideration', these items shall need to attract a 10% GST in line with ATO guidelines

Approved by Board at meeting of 24th January 2001

Policy last reviewed October 2009

LMHS VOLUNTEERS INC

APPLICATION FOR FINANCIAL ASSISTANCE

INSTRUCTIONS

Please complete the attached form fully and forward to the Lyell McEwin Hospital Executive Committee, who will assess the application and its validity prior to forwarding it onto the Volunteer Association Board for their consideration.

SUMMARY OF REQUEST

AREA / WARD REQUESTING FUNDING: _____

CONTACT PERSON: _____ DATE: / /200

EXTENSION: _____ PAGER: _____ EMAIL: _____

LIST ITEM(S) / PROJECT BEING REQUESTED (*Detailed information required over page*)

AMOUNT OF FINANCIAL ASSISTANCE BEING SOUGHT: \$ _____

OFFICE USE ONLY

Date received: / /

Receipt of application acknowledged

Application ACCEPTED }

Application DECLINED } Details: _____

Applicant notified of outcome

PLEASE PROVIDE A SUCCINCT DESCRIPTION OF THE EQUIPMENT / PROJECT BEING REQUESTED

IF SUCCESSFUL, HOW WILL THIS PROJECT BENEFIT PATIENTS / CLIENTS OF LMHS OR THEIR RELATIVES AND FRIENDS?

HAVE ANY OTHER AVENUES OF FINANCIAL ASSISTANCE BEEN EXPLORED? IF THE ANSWER IS 'YES' PLEASE ELABORATE

HAVE YOU SOUGHT A QUOTE ON THE ITEM / PROJECT BEING REQUESTED? YES / NO

PLEASE PROVIDE A DETAILED BREAKDOWN ON THE AMOUNT OF FUNDING REQUIRED OR ATTACH QUOTE TO THIS APPLICATION

IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US IN SUPPORT OF YOUR APPLICATION?

PLEASE ATTACH ANY SUPPORTING DOCUMENTATION TO THIS APPLICATION

Eg. Brochures, quotes, letters of support etc.

Please contact Andy Fryar - Executive Officer (ext 29392) should you have any questions about this application