

Project Request	
Title of Project	
Estimated Request Amount	
Project Sponsor	
Submitting employee	
Work Location	
Department	

A. Brief summary of your project
Describe your overall project
Why have you identified this as a need?
What are your expected outcomes?
What is your project timeline (include key dates, how long will it take to complete the project, etc)

B. Budget information
Provide a brief summary of how the dollars will be used. Example: Clinic X will use \$5,000 to purchase wheel chairs for patients

C. Target population	
Who will be impacted by this project	
Estimated number of people served, if applicable	
Estimated age group range, if applicable	
Service area, if applicable	

D. Exclusions

Funds awarded through AltaMed Gives cannot support:

- Overhead costs for AltaMed Health Services Corporation, which can include but are not limited to: employee salaries, employee benefits, payments made to contractors, per diems, interns and/or AltaMed Fellows
- Patient/participant/client costs that are routinely covered by AltaMed Health Services Corporation
- Patient/participant client costs that are routinely covered through insurance
- Political campaigns or endorsements
- Religious activities/events

E. Acknowledgement

Project Sponsor Signature	
Submitted By	
Date	