



ALL IN THE FAMILY FUND

JANUARY 2010 ALLOCATION GUIDELINES

PURPOSE: To provide the opportunity for employees to request funding for needed projects, equipment and/or services from the All in the Family Fund.

BACKGROUND: In 2003 Lee Memorial Health System Foundation created Mission In Motion, an internal fund raising campaign designed to provide employees, volunteers and physicians the opportunity to support Lee Memorial Health System. By making a bi-weekly donation through payroll or a one-time donation, employees have the opportunity to foster important programs, such as helping to expand employee education and resources, while at the same time helping to meet the health care needs and improve the health status of the people of Southwest Florida.

During the 2009 Campaign, supporters generously contributed over \$81,000 directed toward the following funds:

- **Area of Greatest Need** – Dollars will be directed to help areas of greatest need throughout LMHS.
- **Friends of Nursing** – Funds to help assure that nurses have the skills and training they need to achieve superior clinical practice and provide the best possible patient care.
- **All In The Family** – Unrestricted fund for valuable programs, services and equipment needed throughout the health system.
- **Staff Education** – Funds for registration fees, costs of classes, books, meals, hotel, seminars and conferences. Funds can also be used to bring speakers or conferences to LMHS.
- **Capital Enhancements** – fund used for capital improvements at all five campuses, chosen by employees.

ELIGIBILITY: **PLEASE READ THE FOLLOWING REQUIREMENTS BEFORE APPLYING!**

- **THE COMMITTEE WILL NOT CONSIDER REQUESTS IN EXCESS OF \$3,500. REQUESTS FOR LAPTOP COMPUTERS, LCD PROJECTORS, COPIERS AND PRINTERS WILL NOT BE CONSIDERED. THESE APPLICATIONS WILL BE RETURNED.** If you feel that your department has a very valid request, you can contact the Foundation office to see if there is funding for your project elsewhere through the Foundation.
- **Any department throughout Lee Memorial Health System may apply.**
- **The application MUST be signed by the department director AND a member of the Senior Leadership Council prior to submission.**

- If an individual/department is requesting any kind of equipment or furniture, the application must contact the Purchasing Department to verify that the piece of equipment or furniture requested meets all Health System standards and requirements.
- The LMHS Foundation must RECEIVE the application NO LATER than **4:30 p.m. on THURSDAY DECEMBER 31, 2009** in order to be considered in this application period.
- Recipients of funds must be willing to be publicly recognized throughout the community.

PROCESS:

The All in the Family Fund Allocation Committee is composed of employees who represent several areas, levels and years of service throughout the Health System. The Development Associate for LMHS Foundation chairs the committee.

- The Allocation Committee will review all applications received in each application period and will select the requests that they believe are most needed and will be best utilized by employees. (Application period is defined as each time a call for applications is promoted, two times annually).
- The Allocation Committee will work to diversify funds throughout all locations (i.e. Lee, HealthPark, Cape Coral, Gulf Coast, Rehabilitation Hospital, HealthPark Care Center, Regional Cancer Center etc.) as feasible.
- The Allocation Committee will attach significance to those applications that benefit a significant number of people (e.g. staff, patients, volunteers, etc.). An opportunity to briefly explain how the department came to its final request will be provided in the application.
- Funds will be allocated as they are received into the All in the Family Fund. (The amounts to be allocated will not always be the same).
- All fund recipients will be contacted within 3 weeks of the application deadline.
- Fund recipients are responsible for securing needed pieces of equipment, services or other funded items within a 90 day time period and in accordance with LMHS policies and procedures.
- **IF APPROVED FOR FUNDING, THE APPLICANT IS RESPONSIBLE FOR FULLY COMPLETING AND SUBMITTING A CERF (CAPITAL EXPENDITURE REQUEST FORM) TO THE FOUNDATION OFFICE IF A SINGLE ITEM IS OVER \$500. For information on where to find these, call 336-6120.**
- **YOU MUST TOTAL YOUR REQUEST AND ADD ALL SHIPPING/HANDLING CHARGES!** If your application comes in without these charges they will not be included and you will have to pay them out of your budget or out of pocket.
- **PLEASE WRITE TOTAL REQUESTED** – The committee will not add up registration, airfare and other costs, this must be done prior to submitting the application.



ALL IN THE FAMILY FUND APPLICATION

Wait! Is your application complete? Did you...

- Complete every section?
- Total ALL costs and write the total requested? (Foundation will not total for you)
- Attach a quote?

DEPARTMENT:

PRIMARY CONTACT PERSON:

I am willing to volunteer for the 2010 Mission In Motion Campaign.

PHONE NUMBER:

COST CENTER: CAMPUS:

ITEM/PROJECT/SERVICE REQUESTED:

Is this item currently in your budget or can you get funding elsewhere? YES NO

Has this item been previously submitted as a capital expense? YES NO

This item is a: REPLACEMENT NEW ADDITIONAL

**ACTUAL COST OF ITEM (you must write the TOTAL of everything including shipping)
(attach supporting quote, cost estimate, etc.):**

REASON FOR REQUEST (No more than 300 words. Attach additional page if more space is needed):

BENEFIT TO ENTIRE DEPARTMENT (No more than 50 words):

I am requesting equipment/IS equipment/furniture, and have confirmed with the Purchasing Department/IS that the piece of equipment/furniture meets all Health System standards and requirements. All CERF requirements must be met if approved for funding (see attached allocation guidelines).

DEPARTMENT DIRECTOR SIGNATURE/DATE: _____

DEPARTMENT DIRECTOR NAME: _____

SLC SIGNATURE/DATE: _____

SENIOR LEADERSHIP COUNCIL NAME: _____

All applications MUST be received no later than 4:30 p.m. on Thursday December 31, 2009 by the LMHS Foundation Office, located at 9800 S. HealthPark Dr, Suite 210, Fort Myers, FL 33908 in order to be processed in this application period. You may send the applications by mail, interoffice, email to Nicki.Cabaj@LeeMemorial.org or fax to 985-3570.

****Applications without a signature from an SLC member will NOT be considered for funding. Any application deemed incomplete by the LMHS Foundation will be returned to the applicant.****