REQUEST FOR FUNDING

Requesting Agency/Department: _____

Contact Name/Title_____

1. Amount of Funding Request $_____

2. Purpose for the funds (activity, event, project, medical equipment, etc._____
_____

3. Who will benefit and over what period of time? _____
_____

4. Indicate which of the Four Social Determinants of Health this request relates to:

☐ Access to Health ☐ Basic Needs ☐Education ☐Built Environment

☐ Other_____

5. Describe intended follow-up report to the Stanislaus Health Foundation (SHF) about use of funds and success of activity, event, project, etc.:
_____
_____

6. Terms of Acceptance of funding
   1. Agency agrees to allow the SHF a publicity/photo opportunity as appropriate and signing of required release
   2. SHF will be recognized and appropriate funding material will be attached to equipment and items as provided by SHF
   3. Agency will provide SHF with follow-up report regarding use of funds

Signature of Person Submitting Request:_____ Date _____

7. Funding Application Process

   a. Complete application form (incomplete form will be returned) and submit to SHF by fax 209.558.8320 or email dmeyer@schsa.org
   b. Funding requests will be submitted to SHF Board and Agency will be notified of decision

For Health Services Agency Requests Only:

8. Has this item been approved in the Health Services Agency Budget? yes__ no__
   If no, reason not approved:_____

_____

Manager Approval Date Senior Manager Approval Date

For Stanislaus Health Foundation Only:

_____Approved _____Denied

_____

SHF Officer Signature Date

Photo Release Form:

Name: _____

Clinic_____ Phone # _____

- *Yes, I authorize*

Authorization and consent to photograph and publication
Stanislaus Health Foundation

I hereby authorize the Stanislaus Health Foundation and/ attending physician to photograph or permit other person to photograph (name)_____. Physician or agency may use and permit other persons to use the negatives or prints prepared from such photographs for the purposes and manner as either may deem appropriate. I agree the photographs may be shared publicly as charitable purposes and that this may be accomplished in any manner.

I have entered into this agreement in order to assist public relations, and/ or charitable goals and hereby waive any right to compensation for these uses. I, and any of my successors or assigns hereby hold the Stanislaus Health Foundation, Stanislaus County Health Services Agency, Employees, affiliates and their successors and assigns harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

The term photograph, as used in this agreement, shall mean motion picture or still photography in any format, as well as videotape, video disc and any other mechanical means of recording and reproducing images.

Date._____ Name Printed: _____

Time:_____

If child under the age of 18 year of age:
Legal Guardian Name Printed _____

Signature Adult or Legal Guardian: _____