# Inova Health Foundation - Use Donated Funds Application
## Impact Report & Application Request

**Requestor:**

**Department:**

**Total Amount Request: (2020 Budget Utilization)**

## Please Answer the Following Questions:

### Impact:

Purpose/Description: Please provide ways in which using these funds will help a patient, physician or the community or Inova? Budget Breakdown? (Large Request & Year Utilization) Please include as a separate attachment if necessary.

### Additional Supporting Documents:

If you have supporting documents, please include them when you submit (i.e. invoice estimates, conference info, etc).

**Do you have supporting documents?**  ☐ YES  ☐ NO

If no, explain:

# INOVA HEALTH FOUNDATION
## Use of Donated Funds Application

Please save this form for emailing to the Foundation once Approval has been obtained from the Fund Designated Signatory.
Further information can be found on the InovaNet under Forms/Foundation.

**For further assistance please contact:** Assyatou Sow at **703-289-2055**

| Amount | Home Cost Center | Date | Department | Facility | Fund Name | Fund Number | GL Account | Brief Description | Requestor | Telephone | Vendor Provider Recipient |
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Amount Total

$ 0.00

# INOVA HEALTH FOUNDATION
**Use of Donated Funds Application Authorization**

**IMPORTANT**: In order to proceed with you request, please submit the document for review. You will be prompted to print so you may sign and obtain approval from your authorized signatory.

_____          _____          _____

Requester Name: Please Print Name          Requester Signature          Date

_____          _____          _____

Authorized Signatory: Please Print Name          Authorized Fund Signatory          Date

**IMPORTANT:** Scan and email the authorized and approved application to **Assyatou.Sow@inova.org** for executive approval. Once approved by executive team, you will receive a confirmation email and instructions on how to utilize your funds. If you have questions or concerns, please send us an email at Assyatou.Sow@inova.org.

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*FOR FUNDS OFFICE USE ONLY*

_____                    _____

Authorized Signatory, Leadership                    Date

_____                    _____

Authorized Signatory, Finance                    Date

*inova.org*