CABARRUS HEALTHCARE FOUNDATION

INTERNAL GRANTS

2026 AVP and VP Approval Form

Department Name:

Grant Funding will be used for (Please check): ☐ Project ☐ Program ☐ Equipment

Name of Project,
Program or Equipment

Grant Amount Requested: $

Please complete the grant application online and upload this form at CHFinternalgrants26.org by midnight on Friday, September 28, 2026. Please call the Cabarrus Healthcare Foundation at 704-403-1369 or email at CHFoundation@advocatehealth.org if you should have any questions regarding this grant process.

By signing below, we have reviewed this grant request and approve to have it submitted for the 2025 Internal Grants Program. I also agree that there are no other funding sources in our department, division, area or program available for this request at this time.

_____	_____	_____
Primary Contact Name (Print)	Primary Contact Signature	Date
_____	_____	_____
Asst. Vice President Name (Print)	Asst. Vice President Signature	Date

This Application has been carefully reviewed and approved for submission by my Area VP below:

_____	_____	_____
Vice President Name (Print)	Vice President Signature	Date

This Application will be automatically disqualified without the required signatures.

Deadline: Friday, September 28, 2026 at midnight.