



**INTERNAL GRANTS**

**2024 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 [CHFinternalgrants24.org](https://CHFinternalgrants24.org) by midnight on Friday, April 5, 2024.** Please call the Cabarrus Healthcare Foundation at 704-403-1369 or email at [CHFoundation@atriumhealth.org](mailto:CHFoundation@atriumhealth.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 2024 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, April 5, 2024 at Midnight.**