



INTERNAL GRANTS

2025 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 [CHFinternalgrants25.org](https://chfinternalgrants25.org) by midnight on Friday, September 26, 2025. 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 26, 2025 at midnight.