

Grant and Matching Funds Application

Funds from the IBOD will be utilized for requests submitted by any and all chapters. Each request will be considered on its own merit and will be compared against requests from other divisions/chapters for prioritization. The IBOD executive committee will collect the requests and will review and grant requests on a quarterly basis. The intent is to utilize the limited funds in the most effective way to help those in the greatest need.

Not every request will be granted. Some may be granted partially. In every case the IBOD executive committee will report back to the chapter/division making the request what decision was made and how to proceed.

All requests that are funded will require proof of purchase within 45 days or the funds will need to be returned to IBOD for utilization elsewhere.

Please use the attached "Request Form". Instructions for use are below. The request can be emailed as an attachment to the IBOD Treasurer, and/or President. Those two addresses currently (2021) are:

Nancywoodard1000@yahoo.com

jimmckayfamily@sbcglobal.net

Instructions

- 1) Date: (date of request)
- 2) Division (chapter) Name:
- 3) Request approved by local board at meeting on (date):
- 4) Grant or Matching Fund
 - a. If a matching fund, do you have the matching funds in your bank account or do you plan to raise the funds in the future?
 - i. Matching funds will be supplied by IBOD upon proof of the chapter's possession of their half of the funds.
- 5) Name of request:
(Summarize – e.g., Purchase of auto-refractor)
- 6) Is this a recurring expense or a one-time expenditure? (Explain why)
If for purchase of equipment or durable good, is it a replacement or will unit offer new capability to your clinic?
- 7) Is the unit being purchased new, used, or refurbished?
What is the warranty and expected life?
- 8) What exploration of alternatives has been accomplished, less expensive, alternate sources, etc.
Please justify your decision that this is the best return on investment that you have been able to locate.
- 9) Reason this is now a need to be supported by IBOD rather than the chapter:
Why the chapter requires help with this purchase.
Please include copy of current bank statement showing current balance.

Funds Request

1. Date:
2. Division/Chapter Name:
3. Date of request approval by local board:
4. Type of Request – Grant Matching Fund (circle one)
5. Name of Request for reference:
- 6.
7. Recurring or One-Time with explanation:
7. Purchase condition and warranty:
8. Best purchase possible justification:
9. Why IBOD funds should be utilized for this request.