Capital Health Foundation/Auxiliary
Capital Health Medical Center – Hopewell
Two Capital Way, Suite 361
Pennington, NJ 08534
Tel: 609.303.4121
capitalhealth.org

Capital Health Auxiliary Grant Request Form 2027 Grant Cycle

October 12, 2026

The Capital Health Auxiliary is currently accepting requests from our hospital departments for funding specific projects. Application deadline is November 13, 2026. If funding is granted, all money awarded should be used by November 1, 2027.

CRITERIA FOR PROJECT GRANT/REQUESTS:

- Projects should benefit Capital Health's patients and/or medical staff.
- Projects should align with the Auxiliary Mission Statement:
  Capital Health Auxiliary is organized to support educational and health programs at Capital Health that benefit its patients and communities. Capital Health Auxiliary is committed to raising money and providing services to enhance all patient related services at Capital Health.
- Grant request must not be for personal use or for reimbursement for CME, CEU or CE.
- Grant request must not be used for any building or structural improvement.
- Grant request must not be used for employee salaries or travel and lodging expenses.
- Total cost of project grant request is not to exceed $3,000.00.
- The Auxiliary should be notified in writing of project progress.
- Grant money should be used by November 1, 2027.
- All reimbursement forms and receipts must be submitted by November 1, 2027.
- All reimbursement checks must be cashed by November 15, 2027.

Grant requests and supplemental documentation should be emailed to the attention of **Lisa McBryan** at lmcbryan@me.com. You will be notified of the Grants Committee approval or denial of your request no later than January 15, 2027.

Grant Request Checklist:

1. Submit all supplemental documents including cost breakdown, estimates and photos if applicable.
2. Fill in outline of project purpose and description.
3. Outline how this project will benefit patients or medical staff.
4. Please email the grant request and supplemental information to Lisa McBryan by November 13, 2026.

   The Auxiliary looks forward to receiving your requests. We are thrilled to be able to fund some well deserving projects.

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CAPITAL HEALTH AUXILIARY GRANT REQUEST APPLICATION, 2027

Applicant's Name: _____
First Last MI

Applicant's Phone Number: _____ EMAIL Address: _____

Address: _____
Street City

_____ _____
State Zip Code

Department Name: _____ Hospital Location_____

Position Title: _____

Dept. Supervisor's Name: _____

Supervisor's Contact #: _____

Applicant's Signature: _____

Department Supervisor's Signature: _____

PROJECT/GRANT REQUEST INFORMATION

Project Title or Grant Request: _____

Amount Requested: _____

Project Description (please include purpose of this project/grant request in your description):

How will this project/grant request benefit patients and or medical staff?

Please estimate the cost of this project (please submit quotes for equipment or resources needed for this project).

Will you accept partial grant funding for this project if awarded by the Grants Committee?

Implementation plan and schedule:

Plan for evaluating the outcome of this project: