



Policy:	EMPLOYEE EDUCATION GRANTS
Approval Date:	
Revision Date/s:	5/15/2018

POLICY

The McKee Foundation (Foundation) will support professional education-focused trips not to exceed \$3,000 for Banner Health Systems (BHS) Employees.

PROCEDURE

Employees of Banner Health Systems may request a education grant from the Foundation in support of professional development for their career field. The following provisions must be met for the grant to be distributed.

1. Approval from departmental and facility leadership.
2. Registration information provided with grant request.
3. Hotel estimate to include taxes and fees.
 - a. The employee must book their hotel. A check will be distributed for the estimated cost of the lodging and travel transportation.
4. Airfare: to be purchased by the Foundation, the employee must complete the travel request form.
5. Requests must be to the Foundation no later than 90 days prior to planned trip, unless individually approved by the Foundation Executive Director.

TERMS

In order for us to make payment of these funds, we require formal acceptance of the previous procedures, as well as the terms below:

- (a) An appropriate and authorized representative of a Banner Health System site must sign this contract letter and fill out the accompanying forms as instructed.
- (b) Per Foundation funding policy, we will distribute up to \$3,000 per calendar year to Banner and Foundation approved trips and programs. Expenses exceeding or outside the parameters of the grant the responsibility of the employee.
- (c) Funds not used for the purposes of the approved grant must be returned to the McKee Foundation, unless a written request to use such funds for a different purpose is submitted and approved in writing by the Foundation in advance.
- (d) By agreeing to these terms, you acknowledge that you have not received funding for the proposed activities from another source. If you have received such funding, you must notify the Foundation.

(e) Grant awardee agrees to maintain an accurate record of all expenditures made under this grant (hotel, registration, airfare, transportation), including copies of purchase receipts. Awardee also agrees to retain such records for a period of 4 years following closure of the grant. Access to these records will be provided to the McKee Foundation or its designated representative upon request.

(f) Within 12 months of the date that the payment is made, you agree to provide us with a narrative and financial report using the Foundation's reporting template on the use of grant funds.

(g) During the grant period, McKee Foundation may conduct evaluations of your department and its programs as it pertains to the grant. [DEPARTMENT NAME] agrees to participate in these activities. The fees and expenses associated with such evaluations will be paid by the Foundation.

(i) During the course of the funding period, awardee should notify the McKee Foundation of any significant developments, which affect your organization or the purposes for which this grant is given, including leadership, governing structure, staffing, mission, and objectives.



McKee Foundation Education Grant Program Acceptance

Please consider my signature on this McKee Foundation Education Grant Program Acceptance Agreement as official acceptance of the approved matching grant offered to me for my planned service trip under the terms and notes below. My signature indicates that I understand and agree to comply with the criteria listed below.

1. This grant for Banner Health Systems Employees is a grant, up to \$3,000 per calendar year, and all expenses exceeding the grant are my responsibility.
2. If the event is cancelled or rescheduled, all funds not used for the purpose of the grant's approval must be returned to McKee Foundation in a timely manner. Written request to use unused funds for a different purpose will be reviewed and must be approved by the Foundation before use.
3. Funding for the professional development has not come from a different source. If such funding has been received, I have already notified the Foundation and received written approval.
4. I will record and maintain an accurate record of all costs made with funds from the grant and keep them for 4 years following the grant execution. I will provide the McKee Foundation with a copy of my records upon completion of the trip and when/if requested.
5. Within one year of the completion of the service trip, I will provide the McKee Foundation with a narrative and financial report using the Foundation's reporting template.
6. I have provided notice to my organization that the McKee Foundation may conduct evaluations of our programs and that the fees and expenses associated with the evaluations will result in no additional costs to our organization.
7. If at any time during the professional development changes are made to the purpose for which the grant is given, including changes in leadership, governing structure, staffing, mission and objectives, I will promptly notify the Foundation of the significant developments.
8. Donors to the grant programs enjoy hearing about the impact the grant has; thank you letters can be sent to McKee Foundation, 1805 E. 18th St., Suite 9, Loveland, CO 80538.
9. I understand that the grant payment cannot be released unless the McKee Foundation has received a signed copy of this agreement, hotel estimation including taxes and fees, registration information, and my travel request form sent to bills@mckeefoundationco.com.
10. I give permission to the McKee Foundation to release my name and photo in relation to the grant award and service trip. It is also understood that appropriate publicity of the allocation of the grant funds may be made by the McKee Foundation.

As evidenced by my signature below, I agree to the terms and conditions of the McKee Foundation Matching Grant Program.

(Signature)

(Date)

(Printed Name)

Please return this signed agreement and thank you letter to the McKee Foundation, 1805 E. 18th St., Suite 9, Loveland, CO 80538 or via email: bills@mckeefoundationco.com.

DATE: _____

ELIGIBLE EXPENSES:

LODGING TRANSPORTATION (RENTAL/LYFT/UBER/SHUTTLE)
AIRFARE REGISTRATION

TRANSPORTATION AND LODGING ESTIMATES WILL BE PAID OUT TO THE TRAVELER. AIRFARE AND REGISTRATION WILL BE PURCHASED DIRECTLY THROUGH THE FOUNDATION.

NAME: _____
(AS IT APPEARS ON DRIVER LIC.)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DOB: _____ CELL PHONE: () _____

EMAIL: _____ KNOWN TRAVELER #: _____

TRAVEL INFORMATION

DO YOU NEED CONFERENCE OR CLASS REGISTRATION: YES NO
- YES ATTACH REGISTRATION INFORMATION

DESTINATION (CITY): _____

AIR TRAVEL (WE WILL MAKE EVERY ATTEMPT TO MEET REQUESTS WHEN POSSIBLE)

SEAT PREFERANCE: WINDOW AISLE MIDDLE

TRAVEL DATES: DEPARTURE: _____ RETURN TO DIA: _____
TRAVEL TIME: AM MIDDAY PM TRAVEL TIME: AM MIDDAY PM

DO YOU NEED A RENTAL CAR? YES NO EST. TRANSPORTATION: \$ _____

HOTEL NAME: _____ HOTEL ESTIMATE: \$ _____
(INCLUDING FEES & TAXES)

IF NO GROUP RATE IS AVAILABLE THE AVERAGE FOR THE LOCATION WILL BE USED.

ANY PRE-PURCHASED REIMBURSEMENT REQUEST REQUIRES RECEIPT OF PAYMENT.