

ALLOCATION REQUEST APPLICATION

Return to Mary Bridge Brigade Office 311-1-MBB or marybridgebrigade@multicare.org

The allocation fund, raised and managed by the Mary Bridge Brigade (MBB) is to benefit the children of Mary Bridge Children's Hospital, clinics and programs including Children's Therapy Unit (CTU) at Good Samaritan Hospital.

Mary Bridge Brigade is committed to providing support to the children of our community through family-centered programming and encourages world class patient and family care. The allocation process targets smaller and generally non-capital requests.

All applications must be complete, **including MBCH President or COO Approval Signature**, and a clear explanation of the need. Requests outside of the Mary Bridge Children's Hospital and Health Network will not be considered.

Please note Allocation Requests will be reviewed 3x per calendar year unless there are extenuating circumstances:

- Applications received by March 1 will be discussed at April MBB Board meeting.
- Applications received by July 1 will be discussed at August MBB Board meeting.
- Applications received by October 1 will be discussed at November MBB Board meeting.

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ALLOCATION REQUEST APPLICATION

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Name of Program/Project:	Cost Center:		
Contact Name:	Title:		
Contact Email:	Phone:		
Contact Signature:			
Amount Requested: \$ Type of Requested:		Equipment/sup Operating Supp	ort
New Request to Mary Bridge Brigade		Capitai Equipme	ent (CJF attached)
Does your request directly impact one or more of the following? Care for Patients and/or Families Support for Caregivers or Clinical Providers		Yes Yes	
Have you received approval with Careline/Immediate Supervisor? If yes, approval by		Yes	No
If no, explain why:			
Has funding been requested from within the MultiCare system? (i.e., budge line item) If yes, please explain outcome. If no, explain why:		Yes	No
***Mary Bridge Brigade's Mission does not provide funding	for new F	TEs or routine	e staff trainings.**
1. Please provide a brief description of the project/p	rogram d	efining the r	need and nature
of your request. Including an itemized breakdown	of how f	unds will be	spent.
2. How will you recognize Mary Bridge Brigade if fur	nds are all	located?	
MBCH President or COO Approval Signature Required			
(Signature)	(Date)		

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