



Application

Text box character limitations are noted in red. If the text exceeds the noted limitation, the box will turn red when a new text field is entered. If this occurs, please return to the red text box and modify your response to meet the character limitation. When submitting, a red box will indicate an error. If errors occur the application will not be submitted.

A red * denotes a mandatory text field. All mandatory fields must be complete. When submitting, a mandatory field that is left blank will indicate an error. If errors occur the application will not be submitted.

All (*) indicate a required field

SECTION 1: GENERAL INFORMATION

Date of application	<input type="text" value="2/22/2017"/>
Applicant's business unit/facility (eg: Corporate Services UPMC McKeesport)	<input type="text"/>
Name of applicant	<input type="text"/>
Preferred phone number	<input type="text"/>
Email	<input type="text"/>
Project title <i>(200 characters maximum)</i>	<input type="text"/>
Amount of this request	<input type="text"/>
Matching funds, including in kind support (Enter 0 if none)	<input type="text"/>
Total budget for this project	<input type="text"/>
Brief description of population served by this project <i>(180 characters maximum)</i>	<input type="text"/>
Signature of primary contact (type name)	<input type="text"/>
Email for verification purposes	<input type="text"/>

By entering my name above and checking this box, I hereby indicate my intent to sign this application and attest that all information provided herein is true and correct.

Your responses to information requested in Section Two through Section Six must fit within required space. No additional documents will be accepted.

SECTION 2: PROJECT FOCUS

Select the project criteria that best meets your project outcomes (select all that apply):

- Design and implement tools and processes that will prepare care team members, including physicians, to accept and work with patients as partners in environments of shared decision making.
- Promote techniques that make it easier for patients to take care of themselves, for families to partner in caring for patients, and for families to establish patient and family expectations.
- Emphasize process redesign and/or innovation that is future focused.
- Improve patient care, outcomes, and efficiency, while controlling costs of health care delivery.
- Incorporate technology that is applicable across diverse patient populations

1) Describe how your project will impact the criteria you selected above.

(2300 characters maximum)

SECTION 3: STATEMENT OF NEED

1) What is the problem, challenge, or need that is unaddressed or unmet? Or, what is the patient care benefit that this project will create? *(2300 characters maximum)*

2) What is the evidence, statistics, or research that demonstrates a need or benefit? *(2300 characters maximum)*

SECTION 4: PROJECT DESCRIPTION AND METHODOLOGY

Description of project, including:

- 1) Summary description of overall project, including goals and objectives, to be funded under this grant. *(3000 characters maximum)*

- 2) Evidence of use of best practices. For example, is this project based on a program that has been shown to be effective in other settings? Is it based on national standards? If the initiative is a pilot project and has not been done before, please list assumptions about why a new approach will succeed. *(2300 characters maximum)*

SECTION 5: EVALUATION AND RESULTS

1) Clearly articulate the outcome(s) and corresponding measure(s) that you expect this project to achieve. (2300 characters maximum)

[Empty text box for project outcomes]

SECTION 6: PROJECT FUNDING PLANS

1) Description of cost sharing including matching funds or in-kind support (In-kind support can include labor, education, capital equipment, supplies, or catering). (525 characters maximum)

[Empty text box for cost sharing description]

2) Was this project funded previously? If so, please list the organization that it was granted by, total amount funded and purpose of the funds. (525 characters maximum)

[Empty text box for previous funding information]

SECTION 7: REQUIRED ATTACHMENTS


1) Attach Itemized budget spreadsheet.

 No file attached

2) Attach letter of endorsement.

 No file attached

3) Attach Estimates: At least 1 per budgeted item over \$500. Estimates must be combined into 1 attachment.

 No file attached

Please print a copy of your application for your records. Once submitted you will not be able to access this form.

To submit your application, click the Submit button at the top-left of the page. You will receive an email confirming receipt of your submission.

Sample for Reference Only