

# The Beckwith Institute Frontline Innovation Program 2024-25 Grant Application

**This year's call for proposals focuses on the following 3 healthcare initiatives:**

1. Surgical Site Infection Reduction
2. Health Equity in Care and/or Outcomes for Underserved Communities
3. Innovative Care Models

**Applications are encouraged to:**

- Be large in scope; the individual grant cap is \$25,000
- Emphasize innovation that is focused on the present
- Improve patient care/patient experience
- Be scalable with plausible systemwide impact

Applications are due by **10:00 a.m.** on **Monday, September 2, 2024**. Submissions will not be accepted or edited after this date.

**To save and edit this Form:**

1. Complete all 6 sections of the application, making sure that all mandatory fields are populated.
2. After question #27, select "Send me an email receipt of my response."
3. Click "Submit."
4. Click "Save my response to edit."
5. Access your Form through the email receipt or via <https://forms.office.com/> under "Filled" Forms.

Please visit the [BeckwithInstitute.org](https://BeckwithInstitute.org) for additional details and requirements pertaining to

the application and selection process.

\* Required

\* This form will record your name, please fill your name.

## General Information

1. **Project owner's first and last name \***

2. **Project owner's business unit/facility \***

3. **Project owner's professional title \***

4. **Project owner's preferred phone number \***

**5. Project owner's preferred email address \***

**6. Name(s) and title(s) of additional team member(s)**

*If applicable*

## Project Endorsement

### 7. Name of person endorsing this project \*

*As part of the submission process, each project requires endorsement by a senior UPMC leader (e.g. hospital president, vice president, chair, supervisor). Endorsement from UPMC leadership is intended to ensure the support and effective implementation of projects which receive Frontline Innovation funding. The Institute may contact your endorser for additional details and validation of their support.*

### 8. Professional title of person endorsing this project \*

### 9. Email address of person endorsing this project \*

## Project Focus

10. **Project title \***

*Project titles should be short and concise.*

11. **Which area of focus does your project address? \***

*Projects must fit into one of the below focus areas in order to be considered for this round of funding. If a project does not relate to one of the three areas of focus, applicants are encouraged to postpone applying until a future grant cycle.*

- Surgical Site Infection Reduction**
- Health Equity in Care and/or Outcomes for Underserved Communities**
- Innovative Care Models**

12. **Target population of the project \***

*Who will this project benefit or affect (e.g. Adolescents between the age of 10-19)?*

13. **At the end of this project, what is the approximate number of patients or employees that will be directly impacted? \***

*An estimated range is acceptable (ex. 150-200).*

## Budget and Finances

**14. Total amount of dollars being requested from The Beckwith Institute \***

*Not including funds from other entities, matching funds, or in kind support.*

**15. Does this project have external or pre-existing funds secured from any other sources?**

*If yes, please explain and list the source(s) and the amount of funding provided. Not to exceed 300 words.*

**16. Does this project have potential for cost-sharing, matching funds, or in-kind support? If yes, please explain and list the applicable resources.**

*In-kind support refers to non-monetary donations (e.g. supplies, volunteer time or office space).*

**17. Will funds for this project be used to pay employee salary?**

*If yes, please explain who will be paid, what their role is for the project, and how much money will be requested for each case of employee salary support. Employee salary support will only be considered under innovative, experimental, and short-term circumstances.*

**18. Budget: List of items and/or services that will be purchased with Beckwith Institute funds. \***

*This budget should be carefully considered and made in good faith, but it is not final. If funded, project owners will be required to submit a final budget using The Beckwith Institute's designated budget template. This budget should be a line itemization of the goods and/or services that will be purchased using Beckwith Institute funds. Funds to purchase equipment or services that are typically covered by operating budgets will not be considered. Matching funds or financial support from pre-existing sources do not apply.*

**Example:**

○ Software Subscription	\$5,000
○ Salary (Dr. Smith)	\$15,000
○ Laptop Computer	\$800.00
○ Marketing/Materials	\$300.00
○ <b>Total</b>	<b>\$21,100</b>

**19. Upload cost estimate(s) for single budget item(s) over \$500.00 (excluding salary support).**

*E.g. A cost estimate is required if the budget includes the purchase of software that is over \$500.00.*

 Upload file

File number limit: 10 Single file size limit: 1GB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

## Project Plan and Outcomes

**20. List and describe 3-5 major goals of the project. \***

*Include a respective timeline for each goal, beginning January, 2025 - May, 2026.  
Not to exceed 500 words.*

**21. Describe the problem, challenge, or need that is currently unaddressed or unmet, and explain how this project will improve the issue. \***

*Not to exceed 500 words.*

**22. Does this project/model/service currently exist within or outside of UPMC? If yes, how does your project differ from or improve upon what is already in existence?**

*Projects that are approved for funding will be required to apply to the Quality Review Council. For more information - <https://qrc.upmc.com>  
Not to exceed 300 words.*



23. **Describe the new clinical knowledge, processes, and/or tools that will be acquired or developed through this project. \***

*Not to exceed 500 words.*

24. **Discuss the following: project sustainability, project impact, and potential to spread project outcomes to other UPMC areas. \***

*Not to exceed 500 words.*

25. **How will you measure the success or outcomes of this project? \***

*Not to exceed 500 words.*

26. **List sources cited.**

*If applicable*

## Project Owner Signature

27. **Please enter your full name in the box below to indicate your intent to sign this application and attest that all information provided herein is true and correct. \***

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