Grant applications are due by **Friday, April 19, 2024**. This cover sheet, along with a proposal narrative and budget, must be signed by all parties, and sent as a Word or PDF document to pmph-innovations@pennmedicine.upenn.edu.

For questions, please contact: Danielle Oviedo - Princeton Medical Center Foundation at 609-252-8709 or

pmph-innovations@pennmedicine.upenn.edu.

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| **CONTACT INFORMATION**  |
| **Department Name:**  |
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| **Department Accounting Unit #:**  |
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| **Name of Primary Contact Person *(Project Leader):***  |
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| **Phone:**  | **E-mail:**  |
|  |  |
| **Name of Department Director *(If Different from Above):***  |
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| **Name of Administrative Vice President:**  |
|  |
| **PROPOSAL Information** |
| **Project Title:**  |
|  |
| **Amount Requested:**  | **Project Cost:**  |
|  |  |
| **Length of Project:**  |
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| **AUTHORIZED SIGNATURES****Signatures indicate that the project proposed has been reviewed, deemed appropriate and in keeping with institutional priorities, and authorized by all parties.**  |
| **Signature of Project Leader:**  | **Date:** |
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| **Signature of Department Director *(If Different from Above):*** | **Date:** |
|  |  |
| **Signature of Administrative Vice President:**  | **Date:**  |
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| **PROJECT BUDGET** |
| ***Please provide explanation in the space provided for each category.***  | **Amount Requested** | **Amount Covered by Other Source *(if applicable)*** | **Total**  |
| **Salaries and Wages:**  |  |  |  |
|  |  |  |  |
| **Supplies:**  |  |  |  |
|  |  |  |  |
| **Equipment:**  |  |  |  |
|  |  |  |  |
| **Contracts *(Professional Services)*:** |  |  |  |
|  |  |  |  |
| **Other:**  |  |  |  |
|  |  |  |  |
| **TOTAL:**  |  |  |  |
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| **PROJECT DESCRIPTION****When answering the questions below, please keep in mind that the audience reading these applications is predominantly non-clinical.**  |
| **Describe the problem you want to solve. Detail why it is important, the impact it will have on staff and/or patients, and why existing solutions fail. Use of examples to illustrate the challenge and solutions is encouraged.** |
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| **What have you done so far and what have you learned?** |
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| **What is the potential financial benefit of solving this problem for patients, payers, and/or the hospital?** |
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| **ACTION PLAN** |
| **Describe the solutions you’d like to test and why they would work.**  |
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| **What resources will your team need to properly execute your plan? Details cost where possible.**  |
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| **Describe the skills and expertise you and your team bring to this project.**  |
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| **EVALUATION PLAN** |
| **Describe what metrics will be used to measure whether or not the project is successful. How will you measure and evaluate the success of your project?**  |
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| **SUSTAINABILITY** |
| **Describe how this project will continue once grant funding has been exhausted, if applicable.**  |
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