Penn Medicine
Princeton Medical Center Foundation

Princeton Health Innovations

APPLICATION

Grant applications are due by **Friday, April 15, 2022**. This cover sheet, along with a proposal narrative and budget, must be signed by all parties, scanned and submitted electronically to pmph-innovations@pennmedicine.upenn.edu.

For questions, please contact: Kristen Magro, Associate Director of Development Operations, Princeton Medical Center Foundation at 609-252-8711 or pmph-innovations@pennmedicine.upenn.edu.

CONTACT INFORMATION	
Department Name:	
Department Accounting Unit #:	
Name of Primary Contact Person *(Project Leader):*	
Phone:	**E-mail:**
Name of Department Director *(If Different from Above):*	
Name of Administrative Vice President:	

PROPOSAL INFORMATION	
Project Title:	
Amount Requested:	**Project Cost:**
Length of Project:	

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:**
Signature of Department Director *(If Different from Above):*	**Date:**
Signature of Administrative Vice President:	**Date:**

PROJECT BUDGET			
Please provide explanation in the space provided each category.	**Amount Requested**	**Amount Covered by Other Source *(if applicable)***	**Total**
Salaries and Wages:			
Supplies:			
Equipment:			
Contracts *(Professional Services)*:			
Other:			
TOTAL:			

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.
What have you done so far and what have you learned?
What is the potential financial benefit of solving this problem for patients, payers, and/or the hospital?
ACTION PLAN
Describe the solutions you'd like to test and why they would work.
What resources will your team need to properly execute your plan? Details cost where possible.
Describe the skills and expertise you and your team bring to this project.
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?
SUNSTAINABILITY
Describe how this project will continue once grant funding has been exhausted, if applicable.