# Touro Infirmary Foundation
# Mini Grants Program

**Annually, proceeds from the Touro Infirmary Foundation Employee Giving Campaign, directed toward the mini-grant program, will be available for applicants to receive funding for initiatives they deem reasonable for the betterment of Touro, its patients, and the community.**

## Grant guidelines

**Who can apply**
- Touro medical staff member
- Touro employees
- Touro volunteers

**The Mini Grants Fund funds may be used for**
- Touro program support/creation
- Touro service support
- Touro equipment
- Educational activities for Touro patients and families
- Educational activities for Touro staff
- Touro patient quality and safety activities

*Conference tuition is applicable. Travel expenses cannot be covered with grant funds.

**Touro Mini Grant funds may not be used for**
- Research
- Personnel (staffing, hiring)
- Travel expenses
- Marketing
- Patient financial support
- Staff morale activities
- Non-Touro related needs

**The maximum amount of an individual grant must not exceed $5,000**
Applications for Touro Mini Grants are reviewed twice annually by the Touro Foundation Board, Peer Review, Allocations Committee, and Touro Governing Board.

Applications must be reviewed and signed off by the applicant's supervisor prior to submission to the Touro Advisory Board. Incomplete applications will not be considered.

Applications must be received by the dates below to be considered within the corresponding funding cycle.

| **Deadline** | **Review period** | **Announcement of grants awarded** |
|---|---|---|
| Monday, JMarch 2 | Monday, March 2-Friday, March 13 | Monday, March 22 |

**Touro**
**LCMC Health**

# Mini Grant Application

## Application criteria and procedure

**Deadline(s) for consideration**

Please note that all requests must be received by the Touro Infirmary Foundation office at least 60 days prior to the anticipated date of need. If you have questions, please contact the Foundation at 504.897.8435.

**Requested amounts should not exceed $5,000. (May be combined with other sources of funding for larger purchases). Requests that exceed $5,000 will require a separate application and review.**
- This is a competitive process. Not all applications will be approved for funding
- Your application will be assigned to one council member who will be responsible for presenting it to the full council. You may be contacted by that individual
- The council will meet once to present and discuss all applications
- The council will recommend projects for approval
- Recommendations will be sent to the Vice President for final approval

**Your request must support at least one of the Touro Foundation/Touro Strategic Priorities**
- Improve health–Clinical quality and service excellence
- Increase value–Deliver excellent, convenient, and efficient care at a low cost; patient satisfaction
- Transform ourselves–Continually evolve in providing care for patients and each other; provide value in the community

**Applications will be ranked according to the following criteria**
- Purpose/need
- Impact on patient care
- Outcomes
- Funding availability/appropriateness
- How the requested item fulfills one of the priorities

For more information about completing the application, or regarding the overall process, please contact:

Josh Friedmann
Touro Infirmary Foundation Director
504.897.8435
josh.friedmann@LCMChealth.org

**Touro Infirmary Foundation**

# Mini Grant Application

Return the completed, signed application by_____, 2020 to

Touro Infirmary Foundation
1401 Foucher St.
New Orleans, LA 70115

**Please do not send multiple copies of the same application.**

**Helpful tips**
• Keep it simple. This is supposed to be easy to write and easy to review
• Be sure to discuss your request with your director and obtain his/her signature
• If applicable, attach additional pages with photos and descriptions of the item(s)
• Call Josh Friedmann at 504.897.8943, if you have questions

Date _____    Department_____

Grant writer_____    Phone _____

Email _____@LCMChealth.org

1. Total amount requested  $_____

2. Who will make the purchase? (Full Name) _____ Ext._____

3. Item(s) requested and description of purpose/need?_____

_____

4. Which 2020-2021 Strategic Goals will this grant support? Check all that apply.
   O   Improve Health                    O   Improve Patient Care/Satisfaction
   O   Transform Ourselves            O   Positive Community Change

5. Describe how this grant will support the selected goal(s). Refer to Touro goals to cite specific actions you will take to impact patient care and your department.

_____

_____

6. What will you achieve? How will you measure impact? (For example, how many people will benefit?)

_____

_____

7. Is there alternative or additional funding available? What will happen if the request is not funded?

_____

_____

8. Please attach a complete budget if appropriate (ie: equipment, training, maintenance/IT, fees, etc.).

_____

_____

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# Improving effectiveness of communication

| | |
|---|---|
| **Situation**<br>What is going on right now?<br>A concise statement. | |
| **Background**<br>What has happened?<br>A brief, relevant history. | |
| **Assessment**<br>What do you see as the problem?<br>Your analysis. | |
| **Recommendation**<br>Collaboration resulting in a plan of action. | |

_____

Grant writer's signature

_____

Department manager's signature

_____

Department director's signature

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# Request for Approval (over $5,000)

Project name_____

**Approvals**

Manager_____
Director/VP_____
CFO_____
President_____
Section Chair/Physician_____

**Reviewed by**

Touro Infirmary Foundation Board_____
Touro Board of Directors_____
Committee of peers_____
Risk Management, and/or Marketing_____

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# I. Executive summary

Provide a one page **Executive summary** that gives an overview of the project. Although this section appears first in the document, it is usually written last.

The summary should contain the following elements
- The purpose and anticipated end result of this proposal
- The type and amount of support requested
- The total anticipated budget
- Other information you deem pertinent

# II. What is being requested

**What is being requested?** (Check one box)

O Capital support ($5,000 or more and a useful life of greater than one year)
O Capital and programmatic support
O Programmatic support

Provide a complete description of what is being requested. Be specific about service or item proposed and include detailed information on necessary activities such as recruiting, vendor selection process, training, testing, and work required. Also include direct and indirect total cost along with an implementation schedule (addressed in IV– Financial Analysis).

**A.** List the key personnel who will be responsible for completion of the project, as well as other personnel involved in the project.
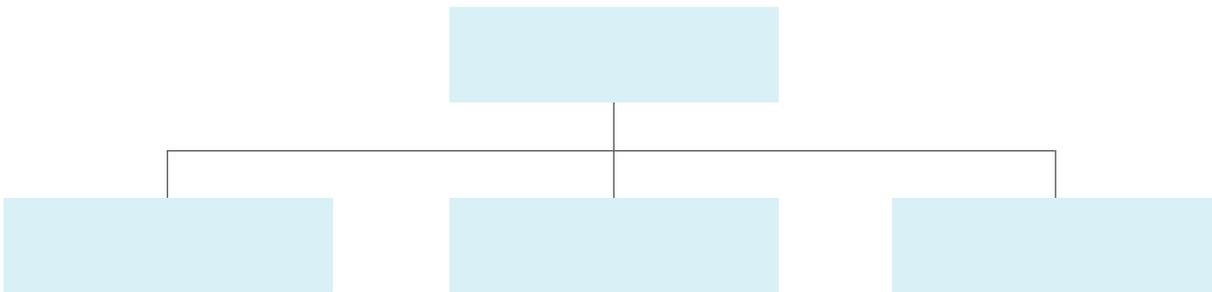
**B.** State the desired goals and objectives to address the needs/problems.  Also include key benefits of reaching these goals/objectives.

_____

_____

_____

_____

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**C.** Provide detailed information on the expected timetable for the project. Identify major phases, provide a realistic schedule for each phase, and attach Gantt Chart in appendix.

|  | Description of work | Start date | End date |
|---|---|---|---|
| **Phase 1** |  |  |  |
| **Phase 2** |  |  |  |
| **Phase 3** |  |  |  |

# III. Documentation of need

Provide **Documentation of need** that clearly identifies the needs or problems to be addressed. In this section, show the link to strategy, and impact on quality, cost, customer, or capabilities. Also summarize alternatives that were considered and why these were rejected. If a new service or program is being proposed, include market information that supports volume and revenue projections.

Describe the target population to be impacted by this project. Provide up-to-date statistics and demographics along with your sources for the information.

Ideas for information to include here are
  • Length of time needs/problems have existed
  • Whether problem has ever been addressed before, and what the outcome was
  • Impact of problem to target population (both existing hospital patients and those in the greater service area).
  • Impact of problem to surrounding populations

# IV. Information Technology (IT) [If applicable]

In the IT section, include hardware, software, connectivity.

**A. Cost of project**

• Is the proposed equipment proven in the industry? Is any technology used in the equipment on the verge of becoming obsolete?
• Does the quote from the supplier include costs for the following items: transport, insurance, installation, operator training, and backup support, such as guarantees, servicing, instruction manuals, spare parts, and special tools? If not, you need to obtain the costs for these considerations.
• Does the cost include a maintenance agreement? Describe any special maintenance needs, service contracts, insurance, repair costs, etc. related to the proposed equipment. How will these expenses be supported over time?

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# V. Financial analysis

In the **Financial analysis** section, include cost and operating/capital budget impact, source(s) of funds, five year proforma income statement, and return on investment.

**A. Cost of project**_____

_____

**B. Sources of funds**_____

_____

**C. Projected operating statement**_____

_____

**D. Financial ratios**_____

_____

# VI. Performance metrics

Describe **Performance metrics** by which this proposal will be evaluated. In general, all proposals will be reviewed 12 months after implementation to determine if these targets were achieved. Interim evaluations can be facilitated by incorporating key metrics into departmental scorecards.

Discuss how progress will be evaluated and how you will measure whether the goal has been achieved. Also indicate the source of where the metrics will be gathered (example: general ledger, Cerner, off-line system) and the specific metric that will be measured.

# VII. Regulatory issues

Identify any state, federal, JCAHO, or other **Regulatory issues** involved. Also include legal, risk management, or insurance considerations.

# VIII.  Endorsements

Provide documented **Endorsement** and support for this project from governing/accrediting/regulating/credentialing agencies (no acronyms please). Attach any professional articles or websites that are relevant and vendor brochures if equipment. Also provide documented endorsement(s) and support for the project from key stakeholders (department chairs, physicians).

Considerations:
Higher education scholarships
Conference and training scholarships
Certification scholarships

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