



I. GENERAL INFORMATION

1. Organization (must be a Louisiana Hospital Association Malpractice and General Liability Trust Fund member)

2. CEO/Administrator of applying organization

Name/Title _____ Phone _____ Email _____

3. Project Coordinator

Name/Title _____ Phone _____ Email _____

II. PROJECT INFORMATION

1. Project Title:

2. Project Start Date:

3. Project Completion Date:

4. Project Identification:

5. Methodology for Problem Identification:

6. Goals or Objectives:

7. Project Strategy:

8. Project Design and Implementation:

9. Expected Outcomes Measurement:

10. Goal Achievement:

III. SUPPORTING DOCUMENTATION:

1. Upload supporting documentation



IV. CERTIFICATION:

1. For consideration that I acknowledge, I consent to the recording of my/our statements and grant to the LHA Trust Funds and HSLI ("Company") and Company's assigns, licensees, and successors the right to copy, reproduce, and use all or a portion of the award application for all purposes, including advertising, trade, or any commercial purpose throughout the world and in perpetuity. This authorization extends to and includes my/our permission to distribute, display, and reproduce any related video productions resulting from this award application.
2. I grant the right to use my/our image, name and logo in connection with all uses of the Award Application and waive the right to inspect or approve any use of my/our project and/or related video productions information should we be chosen to receive an award.

V. STEPS TO SUBMIT A COMPLETE AWARD APPLICATION

1. Complete Sections I-IV of the application and include any other supporting documents.

MAINTAIN A COPY OF ALL COMPLETED DOCUMENTS FOR YOUR RECORDS.

ANY QUESTIONS PLEASE CONTACT:

Caroline Stegeman, Director of Patient Safety, carolinestegeman@lhatrustfunds.com