



2023 GRANT APPLICATION FORM

For grants to be awarded May 12, 2023.
Applications must be received by March 30, 2023.

A. GENERAL INFORMATION

1. Organization (must be a member of the LHA Malpractice Trust):

2. CEO/Administrator of applying organization:

Name/Title: _____

Phone: _____

Email: _____

3. Project Coordinator:

Name/Title: _____

Phone: _____

Email: _____

4. Physician Champion _____

B. PROJECT INFORMATION (Please use an additional sheet if more room is needed to answer questions.)

1. Amount of grant request: \$ _____ (Maximum award of \$25,000)

2. Project Description and Justification (Use alternative form if preferred):

3. Description of Physician Collaboration:

FUNDS FOR SAFE Y

2023 GRANT APPLICATION FORM (CONT.)

For grants to be awarded May 12, 2023.
Applications must be received by March 30, 2023.

4. Goals or Objectives:

5. Development and Timeline:

6. Expected Outcomes:



2023 GRANT APPLICATION FORM (CONT.)

For grants to be awarded May 12, 2023.
Applications must be received by March 30, 2023.

C. CERTIFICATION

As a condition of receiving a grant, the applicant agrees to:

1. Implement activity and program plan as outlined in proposal.
2. Complete and submit an outcomes report on May 15, 2024.
3. Submit final request for reimbursement by May 15, 2024.
4. 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 grant 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 grant application.

I grant the right to use my/our image, name and logo in connection with all uses of the Grant 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 funding.

For successful applicants, the chief executive of the organization will be required to sign the grant application accepting the above terms before the grant is awarded.

Submitted by:

Signature of CEO/Administrator

Date Submitted

FUNDS FOR SAFE Y

2023 GRANT APPLICATION FORM (CONT.)

For grants to be awarded May 12, 2023.
Applications must be received by March 30, 2023.

D. STEPS TO SUBMIT A COMPLETE GRANT APPLICATION:

1. Complete the application form and proposed project budget and save a copy;
2. Obtain the following support documents:
 - Letter of support for your project from your organization's CEO/Administrator or other senior level executive.
 - Letter of support from executive leadership of each collaborating department, if applicable.

**MAINTAIN A COPY OF ALL COMPLETED DOCUMENTS FOR YOUR RECORDS.
SUBMISSION CAN BE EITHER MAILED, EMAILED, OR FAXED TO ONE OF THE FOLLOWING:**

MAIL COMPLETED APPLICATION & SUPPLEMENTING DOCUMENTS TO:

LHA Trust Funds
Attention: Lori Ray, Executive Assistant
4646 Sherwood Common Blvd.
Baton Rouge, LA 70816

EMAIL COMPLETED APPLICATION & SUPPLEMENTING DOCUMENTS TO: carolinestegeman@lhatrustfunds.com

FAX COMPLETED APPLICATION & SUPPLEMENTING DOCUMENTS TO: 225.368.3873

FUNDS FOR SAFE Y

2023 GRANT APPLICATION FORM ALTERNATIVE PROJECT INFORMATION FORM

(Please use an additional sheet if more room is needed to answer questions.)

Organization: _____

1. Project Description and Justification:

2. Goals or Objectives:



2023 GRANT APPLICATION FORM
ALTERNATIVE PROJECT INFORMATION FORM
(CONT.)

3. Description of Physician Collaboration:

4. Development and Timeline

5. Expected Outcomes:

FUNDS FOR SAFE+Y

PROPOSED PROJECT BUDGET

Organization: _____ Project Description: _____

EXPENSES

#	Expense Category	Description	Dollars Requested
1	PERSONNEL Estimated salaries, wages and fringe benefits for staff time devoted to project		\$
2	TRAVEL Transportation, lodging and related expenses		\$
3	INCENTIVES Physicians Compensation		\$
4	CONSULTANTS		\$
5	SUPPLIES & ADVERTISING		\$
6	CAPITAL COSTS (EXPLAIN)		\$
7	ADMINISTRATIVE GENERAL/OVERHEAD		\$
8	OTHER (EXPLAIN)		\$
TOTAL EXPENSES			\$

FUNDS FOR SAFE+Y

INITIAL REVIEW SHEET

Organization: _____

Project Description: _____

Reviewed by: _____ Date: _____

ALL OF THE FOLLOWING CRITERIA HAVE BEEN MET FOR A PROPOSAL TO RECEIVE CONSIDERATION FOR FUNDING:

CRITERIA	YES	NO
Applicant is a current member of the LHA Malpractice Trust.		
Grant application was received by March 30,2023.		
A specific quality or patient safety initiative targeted at reducing patient harm and/or improving patient outcomes is identified.		
The project includes Physician participation and the plan describes their role.		
The project has measurable results. The grant application includes information on how the applying organization plans to measure the results.		
The project is adaptable for use by other facilities or physician practices.		
Letter of support from CEO/Administrator and senior level leadership of applying organization is provided.		
Detailed budget included.		
Applicant indicates willingness to share project information/ outcomes with others.		
Project coordinator is identified.		

If all of the above criteria are met (answered yes), the submitted proposal will move to the scoring process.

Organization: _____

Project Description: _____

Reviewed by: _____ Date: _____

REVIEWER SCORING

BASE SCALE	Not Apparent	Very Weak	Weak	Good	Very Good	Outstanding
	0	1	2	3	4	5
#	Criteria Description	Comments	Base Score	Criteria Weighting	Total Score	
Problem/Needs Statement				30%		
1	The problem statement clearly identifies a patient safety or risk management initiative targeted at reducing occurrences and/or improving patient outcomes.					
2	The project's impact has significant potential for improved safety or outcomes in the population described.					
3	The problem/needs statement is supported with baseline data/statistics or evidence to justify the need to address the problem.					
4	The problem description discusses how physicians involvement in the project will and in facilitating the project outcomes.					
Goal/Objectives				15%		
5	Goal of the project reflects the overall end result of the project.					
6	Project objectives are realistic and appropriate for the project.					
7	Project objectives are measurable.					
Project Development				25%		
8	The initiative describes a level of physician participation to contribute to successful program outcomes.					
9	Specific patient population to be impacted by the project is addressed and appropriate.					
10	Activities (methods) stated to achieve objectives are reasonable for accomplishing the goals.					

FUNDS FOR SAFE+Y

INDIVIDUAL SCORE SHEET (CONTINUED)

BASE SCALE	Not Apparent	Very Weak	Weak	Good	Very Good	Outstanding
SCALE	0	1	2	3	4	5

#	Criteria Description	Comments	Base Score	Criteria Weighting	Total Score
Project Development (cont.)				25%	
11	Needed resources such as materials and personnel to carry out project are described.				
12	Desired project outcomes are described and represent an improvement in patient safety, or patient outcomes.				
13	An appropriate team is described to accomplish the project.				
14	All collaborating departments are identified and their role is explained in the project development.				
15	Project timeline is provided and represents feasible progress toward completion.				
16	Project is easily adaptable for use by others.				
Project Management				20%	
17	Method for evaluation of the project's effectiveness is described. Evidence of data related to project and specific long and short term goals to improve processes and outcomes is demonstrated.				
18	Standard to determine success is stated (Compliance rate/improvement in processes or outcomes.).				
19	Leadership support is described to accomplish the project.				
Budget				10%	
20	Budget contains realistic expected expenses.				
TOTAL SCORE					

GENERAL COMMENTS: _____

TOTAL % SCORE: ____ **OUT OF** ____ **POSSIBLE POINTS =** ____ %