



## 2021 GRANT APPLICATION FORM

For grants to be awarded April 16, 2021.  
Applications must be received by March 3, 2021.

### A. GENERAL INFORMATION

1. Organization (must be an LHATF member):

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2. CEO/Administrator of applying organization:

Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

3. Project Coordinator:

Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

4. Physician Champion \_\_\_\_\_

### B. PROJECT INFORMATION

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

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

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3. Description of Physician Collaboration:

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4. Goals or Objectives:

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5. Development and Timeline:

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### 6. Expected Outcomes:

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### 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 April 15, 2022.
3. Submit final request for reimbursement by April 15, 2022.
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:

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**Signature of CEO/Administrator**

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**Date Submitted**



## 2021 GRANT APPLICATION FORM (CONT.)

For grants to be awarded April 16, 2021.  
Applications must be received by March 3, 2021.

### 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](mailto:carolinestegeman@lhatrustfunds.com)

**FAX COMPLETED APPLICATION & SUPPLEMENTING DOCUMENTS TO:** 225.368.3873

Organization: \_\_\_\_\_

1. Project Description and Justification:

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2. Goals or Objectives:

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3. Description of Physician Collaboration:

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4. Development and Timeline

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5. Expected Outcomes:

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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 LHATF.		
Grant application was received by March 3, 2021.		
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.



# FUNDS FOR SAFE+Y

## INDIVIDUAL SCORE SHEET

Organization: \_\_\_\_\_

Project Description: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

### REVIEWER SCORING

BASE	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
<b>Problem/Needs Statement</b>				<b>30%</b>	
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.				
<b>Goal/Objectives</b>				<b>15%</b>	
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.				
<b>Project Development</b>				<b>25%</b>	
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 =** \_\_\_\_ %

# 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			\$