



Phoenix Children's Hospital Foundation Patient and Family Alumni Leadership (PALs) 2017 Grant Application

The Phoenix Children's Hospital Patient and Family Alumni Leadership (PALs) group was created in November 2009 by Brian Bogert, Sarah Okot (Maurer), Tiffany Troidl, and Gabe Trujillo. The founding members are either former patients themselves, or family members of former patients. The main objective is to empower patients and families of Phoenix Children's and enrich the environment and experience at the hospital through philanthropy. For further information on PALs, please visit www.pchpals.com.

In addition to the annual PALs grant, we are excited to introduce the **PALs/BHHS Innovation grant**. Both competitive grants seek to fund the most creative start-up programs that meet the following requirements:

- Enhances the quality of the PCH experience for patients and families
- Takes a visionary approach to promote and continue to develop family centered care
- Differentiates PCH from other children's hospitals around the country
- Has a sustainability plan for ongoing success

The PALs grant applicants may submit one proposal for a **maximum of \$7,500**

The PALs/BHHS Innovation grant applicants may submit one proposal for a **maximum of \$15,000**

Applicants may apply for both grants if their proposal meets all criteria, but must complete both budgets.

The PALs/BHHS Innovation Grant allows for increased funding for a hospital program or project that offers a greater capacity for innovation, expansion and/or sustainability, thus having the greatest impact on patients and families at Phoenix Children's Hospital. It is intended that this grant be used for a one time purchase of supplies or equipment to support an innovative project or program. For inquiries regarding what the Innovation Grant may be used for, please contact pals@phoenixchildrenshospital.com

Grant Eligibility & General Requirements

- All employees of Phoenix Children's Hospital are eligible to apply for a PALs grant and the PALs/BHHS innovation grant.
- Each applicant may submit one PALs grant application for a maximum of \$7,500. Applications for project amounts less than the maximum amounts are also encouraged.
- Each applicant may submit one PALs/BHHS Innovation Grant application for a maximum of \$15,000. Only proposals for one-time expenses (e.g. purchases of equipment or supplies) will

be considered. Applications for amounts less than the maximum amounts are also encouraged.

- Applications may be for clinical or non-clinical projects.
- A PALs grant is intended to be a one-time gift with no guarantee of continued funding.
- Each grant application must adhere to the guidelines and instructions below to be considered for funding.

Guidelines

- Applications should focus on tangible needs that can have immediate and evident impact.
- Applications must demonstrate alignment with the mission of Phoenix Children's Hospital.
- Applications must provide a clear explanation for how the request fits within the Hospital's approved strategic plan/direction.
- Applications must address sustainability including long-term projections for expenses, sources of revenue, continuation of services and overall impact to patients and families, and the Hospital.
- If IT is required, David Higginson must approve prior to submission.
- Completed applications must be received by **5pm, Monday, March 13, 2017**. Incomplete applications and/or applications received after this time will not be eligible for review.
- **Projects must be initiated within 6 months of funds being received and all funds expensed within twelve months of being received or they will be forfeited. Only in extenuating circumstances, through a written request and approval, will funds be extended beyond the 12 month period and awardee demonstrating that the project was actively initiated within the 6 month period. Innovation Grant funds are an exception to this and **MUST** be spent by the end of the 2017 calendar year with no exceptions.**
- All grant recipients must complete a 6-month and 12 month grant status update report that will be sent by Foundation staff when time to complete.
- PALs will seek media coverage and publicity for all awarded grants and must be informed of any coverage individual grant recipients receive specific to their PALs funded project/program.

Instructions

- Please type and single-space all proposals.
- Please use 10 point minimum font size in Times New Roman.
- Please answer all of the questions in the order listed.
- Applications for projects requiring ANY information technology support, equipment, software, etc. **must be signed by the Hospital's Chief Information Officer.**
- All applications must be signed by the Department's Director.
- Please submit only one electronic and one hard-copy proposal. The electronic version of your application should be sent via e-mail to pals@phoenixchildrens.com. The hard-copy proposal should be mailed or delivered to Dana Jirauch at: Phoenix Children's Hospital Foundation, 2929 E. Camelback Road, Suite 122, Phoenix, AZ 85016. Applications must be received by the deadline.
- Please do not include any materials other than those specifically requested at this time.

All proposals will be reviewed by the members of the PCH PALs group. Proposals will be selected to be finalists that align with the strategic direction of Phoenix Children's Hospital.

We look forward to reviewing your proposal and sharing information about your vitally important program with members of our community. Please contact **Dana Jirauch at 602-933-2680 or djirauch@phoenixchildrens.com** with any questions.



**Phoenix Children's Hospital Foundation
Patient and Family Alumni Leadership (PALs)
2017 Grant Application**

Date of Application:			
Department/Division:			
Program/Project Name:			
What Grant are you apply for?	<input type="checkbox"/> PALs Annual Grant	<input type="checkbox"/> PALs/BHHS Innovation Grant	
Dates of Program/Project Period:		to	
Purpose of Grant (one sentence):			
Grant Request (\$):			
Total Program/Project Budget (\$):			
Contact Person:		Title:	
Telephone Number:			
Fax Number:			
E-mail Address:			
Program Director name:		Title:	
Telephone Number:			
Fax Number:			
E-mail Address:			

Contact Person Signature:		Date:	
Chief Information Officer Signature (if applicable):		Date:	
Director's Signature:		Date:	

2017 PALs GRANT APPLICATION PROCESS

PROGRAM DESCRIPTION

1. Please give a brief summary of your program. Be sure to include your project's goal, target group, and specific plan for implementation.
2. Will your program have a direct impact on the patient and family experience? If so, how?
3. Does your program offer physical or emotional support for patient and families? Please provide an explanation.
4. How many patients and families will benefit from your program?
5. How will your program promote creative ideas and create solutions to challenges confronting family centered care and the overall experience for families and patients at the hospital?
6. What differentiates your program from other PCH programs?
7. Is your program's concept found at other children's hospitals? If so, where? Please detail their results.
8. How will the programs results be measured?

FUNDING & SUSTAINABILITY

9. How much funding is needed to run your program for a year?
10. How will you utilize funding from PALs?
11. Will you receive funding from other sources? If so, provide specific funding source and amount.
12. If funded, will your program have administrative approval and support and a plan for ongoing funding?
13. Why should we choose to fund your program?

PALs/BHHS INNOVATION GRANT APPLICANTS ONLY

14. How does the program promote creative thinking and innovation?

15. How will your project or program further enhance the PCH experience for our patients and families?

PALs GRANT BUDGET FORM

A. PERSONNEL			
DESCRIPTION	COMPUTATION	COST	
<i>Sample Physician</i>	<i>___FTE x \$__ annual salary = __ x 1 year</i>	<i>\$ 0.00</i>	
SUB-TOTAL(S)		\$ 0.00	
A. TOTAL			\$ 0.00
B. EQUIPMENT & SUPPLIES			
SUPPLY ITEMS	COMPUTATION	COST	
<i>Sample</i>	<i># units x cost per unit</i>	<i>\$ 0.00</i>	
SUB-TOTAL(S)		\$ 0.00	
B. TOTAL			\$ 0.00
C. CONTRACTS AND CONSULTANTS			
DESCRIPTION	COMPUTATION	COST	
<i>Sample</i>	<i>cost/year x # of years</i>	<i>\$ 0.00</i>	
SUB-TOTAL(S)		\$ 0.00	
C. TOTAL			\$ 0.00
D. OTHER COSTS			
DESCRIPTION	COMPUTATION	COST	
<i>Sample</i>	<i>10% x total budget</i>	<i>\$ 0.00</i>	
SUB-TOTAL(S)		\$ 0.00	
D. TOTAL			\$ 0.00
C. PROGRAM/PROJECT TOTAL –			
		COST	
TOTAL(S)		\$ 0.00	
TOTAL			\$ 0.00

PALs/BHHS INNOVATION GRANT BUDGET FORM

A. PERSONNEL			
DESCRIPTION	COMPUTATION	COST	
<i>Sample Physician</i>	<i>__ FTE x \$__ annual salary = __ x 1 year</i>	<i>\$ 0.00</i>	
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