



PASSAVANT HOSPITAL
FOUNDATION

DEPARTMENT GRANT APPLICATION FY19
Cover Sheet

Name of Department Applying:

Project Name:

Purpose of Grant:

One to three sentences to summarize your project for the Foundation's Mission Support committee.

Project Description: **Attach a narrative** no longer than three pages, addressing the following:

- Why is this project **Needed**? How does it improve **Quality and Outcomes** in patient care?
- Does it improve the **Patient Experience** (dignity, satisfaction, relief of suffering, etc.)?
- Will it **Reduce Costs** for the hospital and/or the patient?
- If your department received a grant from the Foundation in the past two years, please provide data and/or anecdotal evidence of that project's positive impact. (Required for consideration.)

Deadline: *Submit by **November 15, 2018 to hospital administration** which will forward to the Foundation.*

IT NOTE: Due to Corporate IT Asset Management and Controls for hardware (desktop/laptop/printer/tablet device) and software applications, **all IT-related requests need to be reviewed by that department first.** Please submit your IT requests for review via Passavant eNet Portal>Info Services>Submit a Project Request and click Hardware/Software Purchase before completing this application.

Amount Requested: \$ _____

Total Project Cost: \$ _____

Attach cost documentation such as a vendor estimate or brochure.

Applicant Signature

Date

Printed Name and Title

Phone

Email

Signature of Senior Manager/VP

Date

Reviewed/Initialed by President, UPMC Passavant: _____