



Children's

HOSPITAL OF GEORGIA

AUGUSTA UNIVERSITY

Children's Hospital of Georgia Grant Instructions (May, 2018)

Each year a portion of the net proceeds from various pediatric funds at Georgia Health Sciences Foundation (GHSF) and Medical College of Georgia Foundation (MCGF) will be allocated to requests from departments at Children's Hospital of Georgia. This fund awards Grants to support patient/family needs, child advocacy programs, equipment, entertainment and educational activities directed at the patients and families receiving care at Children's Hospital of Georgia. Grant funds are designed to provide funding for the early phases of projects that impact the care provided to our patient population. It is expected that projects that are successful will be incorporated into the appropriate operational budget (hospital or departmental) for long term maintenance. Grant funding is not designed to be a constant long-term source of support for project budgets.

Applications for Grants are reviewed by a Grant Committee composed of physicians, nurses, a patient advisor and administrators from Children's Hospital of Georgia community. The charge to the Committee is to maximize the impact of the funds to ensure that as many patients and families are benefited as possible. Special consideration is given to those meritorious applications for which there is no other obvious source of funding.

Grants will be awarded for a period of one year. All budget requests must be fully justified. Please note that grants do not support staff travel, marketing brochures, personnel, CME/Conference fees and patient care expenses. Requestor must address any health considerations or concerns for the item(s) requested within the application.

Internal Application Process

Applications can be submitted at any time but will be reviewed twice a year. The deadline for applications funding cycle is November 1, 2018, and April 1, 2019 at 11:59 pm. If you have questions, please contact Catherine Stewart.

*****Each application, including required budget, etc., must be submitted as a single electronic Word file document or PDF to Catherine Stewart (castewart@augusta.edu).***

*****Multiple files related to one request will not be accepted and will be returned to the requestor.***

*****Requestors must also delete the instructions page(s) before submitting the final grant application.***

This is an internal grant process only, no outside organizations may apply.

Applications will be reviewed promptly, and the Committee's decisions will be communicated to all applicants.

Your Department Administrator is the individual in the applicant's division or department who handles the departmental budget.

Post-Award Grant Management

The responsible individual for the awarded application(s) should contact Calandra Morgan- White at calwhite@augusta.edu or 706-721-5132 for directions regarding payment and billing.

Consideration of future funding will be determined, in part, on the awardee's fulfillment of the expectations outlined below.

- At the end of the funding period, the responsible individual must submit a report to the Grant Committee that summarizes the accomplishments and impact of the grant and details the amount of any unexpended funds. (Template will be provided to grant recipients.) This report is important for multiple reasons, including acknowledging our donor support, developing future philanthropic efforts, and for reporting to the national office of Children's Miracle Network Hospitals (CMN) for donor stewardship. **This impact report for both funding cycles will be due September 30, 2019.**
- Within 30 days of the award notice, the responsible individual will host a brief meeting or 'meet and greet' for their own team with the Pediatrics Development team to learn how they may positively impact the total dollars raised through our Children's Miracle Network Hospitals program. Contact Catherine Stewart to schedule.
- The responsible individual(s) may be invited to share the impact of their grant on a conference call or in a meeting with CMN Hospitals partners.

If the responsible individual wishes to retain any unexpended funds, the awardee should include a request to use the remainder of the funds and the rationale for this request. The Grant Committee will review this request. If the Committee feels that continuation of the project is not justified, the unexpended balance will be returned to the appropriate foundation fund for redistribution by the Committee at a subsequent funding cycle. **Any awarded funds that are unspent 90 days following the end of the grant period will be automatically returned to the appropriate foundation fund by the Pediatric Administration Office.**



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Grant Application
(May 2018)

Project Title:
Date of Submission:
Responsible Person:
Division/Program:
Office Telephone Number:
Cell Phone Number:
Email Address:
Name of Department Administrator:
Email of Department Administrator:
Telephone of Department Administrator:
Amount Requested:
Project Period:
Begin Date:
End Date:
Other Potential Funding Sources:
Estimated Number of patients to be impacted in this project period:

Brief Description of Request: Please include the rationale for the project, the target audience, and the benefits of the project/program. **Do Not Exceed Two Pages.** All applications must be accompanied by a budget submitted *within* the application document. If this has been tried/used successfully at Children's Hospital of Georgia, please provide that information

