You, Me & BRG

EMPLOYEE GIVING PROGRAM 2013

Baton Rouge General Foundation
You, Me & BRG Internal Grant Proposal

Baton Rouge General You, Me & BRG Internal Grants provide funding for projects focused on improving customer service, patient care or cost effectiveness through redesign and innovation. Specific qualifications include:

- Applicants (departments) from all disciplines are encouraged to develop a project focused on one of the three areas described above.
- Grants are awarded on a competitive basis.
- Proposals should be clear, concise and follow the grant application format.
- Grant projects must be self-supporting after start up.

INTERNAL GRANT APPLICATION PROCESS

1. A department seeking an internal grant prepares a short summary and **secures the support of the department director**.
2. The summary is submitted to the Foundation and reviewed by the Internal Grants Committee composed of front-line employees.
3. Those that are selected may be asked to provide a more detailed grant application to be reviewed by the Internal Grants Committee.
4. Top nominees may also be asked to make a brief presentation to the committee.
5. The Foundation will present the winner(s) with a monetary award to implement their project(s).
6. Grants are awarded once a year based on a percentage of funds available from the previous year's You, Me & BRG Employee Giving Program.

GRANT APPLICATION FORMAT

Complete Grant application summary and budget outline. Forms can be downloaded from the Baton Rouge General's website: **BRGeneral.org/Together**

Completed forms must be submitted to the Baton Rouge General Foundation by 5:00pm on Friday, November 1, 2013 at: 8595 Picardy Avenue, Box 410, Baton Rouge, LA 70809 or emailed to Jenny.Jackson@BRGeneral.org.

YOU, ME & BRG INTERNAL GRANT PROPOSAL

PROJECT NAME: _____

PROJECT CONTACT AND TITLE: _____
DEPARTMENT: _____
WORK NUMBER: _____ **FAX NUMBER:** _____
CELL NUMBER OR PAGER: _____
EMAIL ADDRESS: _____

BRIEF DESCRIPTION OF PROJECT: (1,000 words or less; attach additional documents if needed)

_____
_____
_____
_____
_____
_____

DESCRIBE HOW THE PROJECT WILL CONTRIBUTE TO THE *EXTRAORDINARY* CARE PROVIDED AT BATON ROUGE GENERAL:

_____
_____
_____
_____

DESCRIBE THE PLANNING/COLLABORATION PROCESS NECESSARY TO CARRY OUT THE PROJECT:

_____
_____
_____
_____

TIMEFRAME TO COMPLETE PROJECT IF FUNDED: _____

PLEASE LIST OTHER KEY PERSONNEL INVOLVED WITH PROJECT AND THEIR QUALIFICATIONS:

_____
_____

TOTAL FUNDS REQUESTED (PLEASE ATTACH ESTIMATED BUDGET FORM): $ _____

WILL THE PROJECT BE SELF-SUPPORTING AFTER THE INITIAL FUNDING? ☐ **YES** ☐ **NO**

PROVIDE A BRIEF DESCRIPTION ON HOW THIS PROJECT WILL IMPACT OUR HOSPITAL IN FUTURE YEARS. PLEASE INCLUDE COST SAVINGS IF APPLICABLE: _____
_____
_____
_____

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YOU, ME & BRG INTERNAL GRANT
ESTIMATED BUDGET FORM

PROJECT NAME: _____

DETAILED BUDGET FOR ENTIRE GRANT PERIOD: JANUARY 2014 - DECEMBER 2014

PERSONNEL EXPENSES Brief Description: _____	$ _____
SUPPLIES Brief Description: _____	$ _____
EQUIPMENT Brief Description: _____	$ _____
TRAVEL Brief Description: _____	$ _____
PATIENT CARE COSTS Brief Description: _____	
INPATIENT	$ _____
OUTPATIENT	$ _____
TOTAL PATIENT CARE COSTS	$ _____
OTHER EXPENSES (ITEMIZE BY CATEGORY)	
Brief Description: _____	$ _____
Brief Description: _____	$ _____
Brief Description: _____	$ _____
SHIPPING COSTS	$ _____
TAXES (@ 9%)	$ _____
SUBTOTAL OTHER EXPENSES	$ _____
SUBTOTAL	$ _____
TOTAL FUNDING REQUEST FOR PROJECT	$ _____

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YOU, ME & BRG INTERNAL GRANT ADDITIONAL INFORMATION

PROJECT NAME: _____

1. **ARE DISPOSABLES* REQUIRED FOR THIS PROJECT?** ☐ **YES** ☐ **NO**
   IF YES, PLEASE PROVIDE MORE DETAILS:_____
   (*Disposables are products designed for single use. Contact Pat Seal at Pat.Seal@BRGeneral.org for more information.)

2. **IS THIS A REUSABLE OR MULTI-PATIENT ITEM?** ☐ **YES** ☐ **NO**

3. **HAVE WE PURCHASED SIMILAR ITEMS LIKE THIS PROJECT IN THE PAST?** ☐ **YES** ☐ **NO**
   IF YES, PLEASE PROVIDE MORE DETAILS:_____
   (Contact Diane Shavers at Diane.Shavers@BRGeneral.org for more information.)

4. **THE ITEM OR PROJECT I AM REQUESTING REQUIRES ASSISTANCE FROM FACILITY MAINTENANCE IN THE FOLLOWING AREAS:**
   ☐ **CONSTRUCTION**
   ☐ **ELECTRICAL**
   ☐ **PLUMBING**
   ☐ **FLOORING**
   ☐ **OTHER:** _____

5. **WHERE WILL THE ITEM BE STORED?**
   ☐ **MID CITY, UNIT:** _____
   ☐ **BLUEBONNET, UNIT:** _____
   ☐ **PICARDY PLAZA, LOCATION:** _____
   ☐ **OTHER:** _____

6. **WILL THIS PIECE OF EQUIPMENT BE COMPATIBLE WITH STANDARD HOSPITAL EQUIPMENT?**
   ☐ **YES** ☐ **NO**
   (Contact Richard Lazo at Richard.Lazo@BRGeneral.org for more information.)

7. **THE PROJECT I AM REQUESTING IS:**
   ☐ **NEW**
   ☐ **ADDITIONAL**
   ☐ **REPLACEMENT**
   IF REPLACEMENT, PLEASE PROVIDE MORE DETAILS ON WHAT WILL HAPPEN TO THE EXISTING EQUIPMENT:_____

8. **WILL THE PROJECT REQUIRE INFORMATION TECHNOLOGY (IT) SUPPORT?** ☐ **YES** ☐ **NO**
   IF YES, PLEASE SPECIFY:
   ☐ **NEW HARDWARE/SOFTWARE**
   ☐ **CONNECTION TO THE NETWORK**

9. **WILL THIS ITEM REQUIRE ASSEMBLY UPON ARRIVAL?** ☐ **YES** ☐ **NO**

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