

Princeton Health Innovations

APPLICATION

Grant applications are due by **Friday, April 21, 2023**. This cover sheet, along with a proposal narrative and budget, must be signed by all parties, and sent as a Word or PDF document to pmph-innovations@pennmedicine.upenn.edu.

For questions, please contact: Iris Emery - Princeton Medical Center Foundation at 609-252-8704 or pmph-innovations@pennmedicine.upenn.edu.

	CONTACT INFORMATION			
Department Name:				
Department Accounting Unit #:				
Name of Primary Contact Person (Project Leader	·):			
Phone:	E-mail:			
Name of Department Director (If Different from Above):				
Name of Administrative Vice President:				
DDO	OCCAL INFORMATION			
PROPOSAL INFORMATION Project Title:				
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Amount Requested:	Project Cost:			
Amount nequested.	Troject cost.			
Length of Project:				
2011,811 01 1 10,0001				
AL	JTHORIZED SIGNATURES			
Signatures indicate that the project proposed ha		and in keeping with		
institutional priorities, and authorized by all part	ties.			
Signature of Project Leader:		Date:		
Signature of Department Director (If Different from Above):		Date:		
Signature of Administrative Vice President:		Date:		
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PROJECT BUDGET			
Please provide explanation in the space provided for each category.	Amount Requested	Amount Covered by Other Source (if applicable)	Total
Salaries and Wages:			
Supplies:			
Equipment:			
Contracts (Professional Services):			
Other:			
TOTAL:			

PROJECT DESCRIPTION
When answering the questions below, please keep in mind that the audience reading these applications is
predominantly non-clinical.
Describe the problem you want to solve. Detail why it is important, the impact it will have on staff and/or
patients, and why existing solutions fail. Use of examples to illustrate the challenge and solutions is encouraged.
patients) and triff existing setutions run. Osc of examples to mastrate the change and setutions is encouraged.
What have you done so far and what have you learned?
what have you done so lai and what have you learned:
What is the potential financial benefit of solving this problem for patients, payers, and/or the hospital?
what is the potential infancial benefit of solving this problem for patients, payers, and/or the hospital?
ACTION PLAN
Describe the solutions you'd like to test and why they would work.
What resources will your team need to properly execute your plan? Details cost where possible.
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Describe the skills and expertise you and your team bring to this project.
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EVALUATION PLAN
Describe what metrics will be used to measure whether or not the project is successful. How will you measure and
evaluate the success of your project?
SUSTAINABILITY
Describe how this project will continue once grant funding has been exhausted, if applicable.
Describe now this project will continue once grant funding has been exhausted, if applicable.