



Methodist Health Foundation

Grant Review Committee Funding Guidelines

Methodist Health Foundation accepts grant proposals for Indiana University Health Methodist and University hospitals and IU Simon Cancer Center for programs, projects, equipment, capital expenditures, services, education and research.

Primary consideration is given to grant requests for innovative projects and programs that meet some or all of the following criteria:

- (1) Has a positive impact on the delivery of critical and acute care at IU Health Methodist Hospital.
- (2) Has potential for long-term sustainability beyond the grant period.
- (3) With Foundation funding, would help position IU Health Methodist for additional funding from individuals, corporations, foundations and other external sources.
- (4) Is consistent with IU Health Methodist Hospital's strategic and operational priorities.
- (5) Will help position IU Health Methodist Hospital as a regional and national leader in critical and acute care.

Grant requests unlikely to receive consideration are:

- (1) Ongoing operational costs of existing programs and services.
- (2) Submissions by for-profit entities.
- (3) Submissions by not-for-profit entities outside of IU Health Methodist Hospital.
- (4) Personnel positions unlikely to be sustained after the grant period within operations budgets.
- (5) "Bricks and mortar" projects not consistent with IU Health's strategic plans.

First Quarter 2016 Grant Cycle

Leadership Review Form Due
Notification of Awards

January 20, 2016
March 11, 2016

Second Quarter 2016 Grant Cycle

Leadership Review Form Due
Notification of Awards

April 18, 2016
June 10, 2016

Third Quarter 2016 Grant Cycle

Leadership Review Form Due
Notification of Awards

July 15, 2016
September 09, 2016

Fourth Quarter 2016 Grant Cycle

Leadership Review Form Due
Notification of Awards

October 14, 2016
December 09, 2016

SEND ALL CORRESPONDENCE TO:

Methodist Health Foundation
Joseph Traeger
Vice President, Finance and Operations
1800 N. Capitol Avenue
Indianapolis, IN 46202
Telephone: 317.962.1838
Email: jtraeger@iuhealth.org

GUIDELINES

I. Leadership Review

Please contact Joseph Traeger, Methodist Health Foundation, jtraeger@iuhealth.org or 317.962.1838 for additional information and to submit a review form. This form asks you to summarize in four paragraphs the (1) Problem (2) Solution (3) Request and (4) Expected Outcome or Impact. **Please send the completed review form in a WORD file format to Joe Traeger. You don't need to get leadership signatures on the review form; this will be done by the Foundation.**

II. Proposal

To facilitate comprehensive evaluation and consideration, a complete proposal will include the following elements:

- (1) Completed and signed Leadership Review Form. This will be sent to you by Joseph Traeger.
- (2) Statement of need for and merit of the program/capital item(s).
- (3) Explanation of how the program/capital item will impact critical care and acute care at IU Health Methodist Hospital.
- (4) Purpose to be served with the funds requested; include expected outcomes.
- (5) Timeline from concept to completion of the program/project/capital expenditure.
- (6) Amount requested; total budget; explanation of need for funding.
- (7) Explanation of future program/project/capital expenditure sustainability.
- (8) One letter of support from a key stakeholder.

III. Approval Process

Methodist Health Foundation's Grant Review Committee and its Board of Directors convene quarterly to review all funding requests. The contact person listed on the Leadership Review Form will be notified of funding status the day following Methodist Health Foundation Board of Directors quarterly meetings.

IV. Program Evaluation

The Program Evaluation report is required for all awarded grants one year after approval.

Please use 12-point font on all documents.

NOTE: Other internal funding for IU Health Methodist and/or IU Health projects are provided by the IU Health Values Funds. Three IU Health Values Fund grant programs exist including: *Education, Research and Integration of Spiritual and Religious Dimensions in Healthcare*. For additional information, please contact Rob Clark at 317.962.9653 or rclark16@iuhealth.org. You may also visit the Grants Administration Department site on PULSE.



Methodist Health Foundation

LEADERSHIP REVIEW FORM

PROJECT INFORMATION

Name of Program/Project/Capital Expenditure _____

Expected start date _____ Completion date _____

Dollar amount requested \$ _____

Number of people benefitting from this program/project/capital expenditure? _____

In one paragraph per section, describe the following:

(1) Problem

(2) Solution

(3) Request

(4) Expected Outcome or Impact

Methodist Health Foundation receives many grant requests during the year. Applications are reviewed based on hospital priorities and effort is made to be attentive to grantee timelines. When submitting your review form, please note any deadlines related to the request, i.e., "We hope to begin a class by a certain date" or, "We are seeking matching funding that has a deadline."

Organization/Department/Unit Name _____

Contact Person _____ Title _____ Telephone _____
(Daytime)

Pager _____ Email Address _____

Please send the completed review form in a WORD file format to Joe Traeger.

You don't need to get leadership signatures on the review form; this will be done by the Foundation.

IU Health Methodist Hospital Leadership Signatures Required:

Jonathan Curtright
COO, AHC Adult Hospitals

Ryan Nagy, MD
AHC Chief Medical Officer

Linda Chase, PhD, RN, NEA-BC
VP and Chief Nursing Officer



Methodist Health Foundation

PROGRAM EVALUATION REPORT

Program Name _____

Date of Report _____ Grant Awarded \$ _____

Organization/Department Name _____

Contact Person _____ Title _____ Telephone _____
(Daytime)

Pager _____ Email Address _____

EVALUATION INFORMATION (use additional pages for documentation, 12-point font)

1. What were the goals of your grant activity? Which of these goals were met? What are the most significant factors that led to the success of the program? Who were the key people who contributed to the success of the program and why were they important?
2. Which program goals were not achieved? What do you believe were the primary barriers in achieving these goals?
3. Discuss what you consider the impact on a) Your area or department; b) IU Health Methodist Hospital; c) Other constituencies.
4. What significant learnings or unexpected outcomes emerged from this experience?
5. What, if anything, would you have done differently?
6. Will any aspects of the program be sustained after the grant period?
7. Is there any wisdom you would share with Methodist Health Foundation about how to improve or strengthen our grant making process?
8. Methodist Health Foundation uses grants awarded as a source to share outcomes and patient stories with donors and the general public. The person who will provide this information to our Marketing and Communications Department is (Name) _____ (email) _____ (phone) _____

SEND PROGRAM EVALUATION REPORT (within one year of funding date):

Methodist Health Foundation
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Indianapolis, IN 46207-7168
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