

**Innovative Program Application**

**Deadline: February 29, 2024**

**HAVE A GENIUS IDEA? You can apply for an innovative program grant to receive up to $40,000 for programs and healthcare solutions that directly impact our patients, the communities we serve, and/or Einstein’s workforce!**

**ELIGIBILITY**

The grant-making process is open to all Einstein departments, employees, and physicians; collaboration with other departments and entities is strongly encouraged.

Your proposal must be *innovative*, defined as **“to begin or introduce something new; to effect or make changes; to do something in a new or creative way, characterizing a new device, idea or method.”**

In addition to signed approval, your Department Chair/ VP **must** complete the brief questionnaire located before the Abstract section.

**APPLICATION SUBMISSION**

Written proposal format: all applications must be completed electronically **(only Word documents will be accepted, no PDFs)**, using stated section headers. The grant must be typed in Times New Roman, 12-point font with 1” margins.

The full application must be submitted via email to [Alexandra.Ernst@Jefferson.edu](mailto:Alexandra.Ernst@Jefferson.edu) by February 29, 2024 (the signature page and questionnaire should be scanned as a separate PDF). You may interoffice a hardcopy of those signed pages to the Office of Development, Braemer Education Building, Attn: Allie Ernst. **Applications without required signatures will not be accepted.**

Award Announcement: Innovative Program grants will be announced in June 2024.

**PRESENTATION**

If your written submission continues beyond the review stage, the second step of the application process requiresa formal presentation to the Innovative Program Allocation Committee. Your presentation will be timed and may not exceed 10 minutes.

PowerPoint or other visual effects can support your presentation. A maximum of 20 slides are permitted for the 10-minute presentation.

A 10-minute question and answer period will follow presentations. If you are unable to appear at your assigned time, another project team member should present on your behalf.

**EVALUATION & TRAINING**

The written proposal and oral presentation will be scored and evaluated by the Innovative Program Allocation Committee.

Please adhere closely to the guidelines of this application. Proposals must demonstrate a connection between the activities for which it seeks funding and the missions of Einstein Healthcare Network and the Albert Einstein Society.

We suggest project leaders/teams schedule a training meeting. Please email Allie Ernst at [Alexandra.Ernst@Jefferson.edu](mailto:Alexandra.Ernst@Jefferson.edu) to arrange a time to meet.

**FUNDING OBLIGATIONS**

Project leaders of funded proposals are required to submit a progress report.

Grant funds will be available by August 1, 2024, through December 31, 2025.

You are encouraged to submit a poster of your program for Research Recognition Day.

Any publications, printed material, or social media (for internal or external purposes) must visibly include “This program was funded by the Albert Einstein Society, Einstein Healthcare Network, Philadelphia, PA”.

**Thank you for your interest. If you have any questions about AES or the application process and guidelines, please contact Allie Ernst at** [Alexandra.Ernst@Jefferson.edu](mailto:Alexandra.Ernst@Jefferson.edu)

**Albert Einstein Society Mission Statement**

The mission of Albert Einstein Society is to provide a Fellowship of community and medical leaders whose shared commitment to Einstein Healthcare Network and the health requirements of humanity would impel them to respond to those needs in a meaningful manner. The Society’s Fellows will provide support through heightened understanding of the healthcare concept and enable Einstein staff to carry through a series of projects responsive to Einstein’s charter—to care for those in need, without regard to race, creed or color, or ability to pay.

The Society supports original research projects that allow for the exploration of new ideas in the laboratory, hospital, and community. It also supports innovative programs that directly enhance patient care. The Albert Einstein Society provides education to the healthcare consumer about Einstein Healthcare Network and why it is worthy of support.

The Albert Einstein Society invests in the future of healthcare by supporting original research projects and innovative healthcare programs, which will be conducted within the Network. It is anticipated that many will result in benefits that will be far reaching.

**Einstein Healthcare Network Mission Statement**

With humanity, humility, and honor, to heal by providing exceptionally intelligent and responsive healthcare and education for as many as we can reach

By ***‘with humanity’*** we mean…with humanness and benevolence By ***‘humility’*** we mean…with a modest view of our own importance By ***‘honor’*** we mean…to restore physical and emotional integrity, bring into balance or provide comfort, whether for body, mind, spirit or community By ***‘exceptionally intelligent’*** we mean…by relentlessly reaching for the most comprehensive and incisive knowledge By ***‘responsive’*** we mean…by anticipating needs and responding in a timely manner By ***‘as many as we can reach’*** we mean…those in the geographic and demographic communities that we serve

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| **AES-Logo-2014_72ppi_White_Bkgd** | **Innovative Program**  **Application**    **Deadline: February 29, 2023** | **Application # 2024- \_\_\_\_\_**  *(for Development Office purposes only)* |

**CONTACT INFORMATION:**

|  |  |  |
| --- | --- | --- |
|  | **Department/s [indicate location]** | **Contact Telephone #** |
| **Project Leader:** |  |  |
|  |  |  |
| **Other Key Staff:** |  |  |
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|  |  |
| --- | --- |
| **TITLE OF PROJECT/PROPOSAL:** |  |

**Amount of grant request** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Have you attended an IPAC training session?** \_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **By signing below, you affirm that you read this application in its entirety and,**  **should it be awarded, you verify personal commitment to and/or administrative endorsement of this program.** |

|  |  |  |
| --- | --- | --- |
| **Project Leader(s)**: | **Suffix (Credentials)** | **Date:** |
|  |  |  |
|  |  |  |
| **Other Key Staff (if applicable):** |  | **Date:** |
|  |  |  |
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|  |  |  |
|  |  |  |
| **Chairperson(s)/ Vice President(s):** |  | **Date:** |
| *Originating department AND partnering department(s) Chair/VP must sign here* |  |  |
|  |  |  |
|  |  |  |

**Chair/VP Questionnaire**

***Please initial each statement***

* **I have read the project application in its entirety. \_\_\_\_\_\_\_\_\_\_\_\_\_**
* **I firmly support this project & believe it will have a measurable impact on our department or our processes. \_\_\_\_\_\_\_\_\_\_\_\_\_**
* **I affirm that this project is innovative: (PLEASE CIRCLE ONE) \_\_\_\_\_\_\_\_\_\_\_\_\_ locally, regionally, nationally, or for Einstein**
* **If the project leader departs from Einstein, I will ensure that \_\_\_\_\_\_\_\_\_\_\_\_\_ the remaining team member(s) can execute the project\*.**

*\*Otherwise, unspent funds are to be returned to the Albert Einstein Society*

* **I have reviewed the project budget and believe it accurately \_\_\_\_\_\_\_\_\_\_\_\_\_**

**reflects only necessary expenses & competitive pricing.**

* **I will help drive the project forward in the event of obstacles. \_\_\_\_\_\_\_\_\_\_\_\_\_**
* **This cannot be funded through operating budget for the following reason(s):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Abstract**

**(1/2 Page Maximum)**

**Brief Introduction:** summarize your program, including the need, the solution and the innovation.

**Proposal Narrative**

*Please retain these headers, in this specific order*

**SECTION I – Project Team Background (1/2 Page Max)**

**Professional background of Project team:** Describe the team members’ qualifications and their roles in this project. How will your team work together to achieve success?

**SECTION II – Full Project Description (2.5 Page Max)** *Please delete the non-bolded prompts from each heading in your submission.*

**Part A –Need and Rationale:** Explain the need and basis for the program, and the targeted population to benefit from your project. If possible, please cite internal or external benchmark data demonstrating the need; this will make your case stronger.

**Part B – Innovation:** The innovation may be novel on a broad scale, or just new to Einstein; describe whether this is local, regional, or national. It may be a known process applied in an innovative way or a new process for achieving objectives that have an existing process.

**Part C – Objective(s)**: There should be one or more measurable objectives, clearly stated and closely tied to the need and rationale. Each should be described in the SMART method (Specific, Measurable, Attainable, Relevant, Time-bound). Describe the expected outcome.

**Part D – Plan**: Outline the project plan and activities for achieving the objectives. Include staffing, required training, needed materials, and timeline.

**Part E – Measures**: Describe the project’s evaluation plan. Identify the means of data collection and indicate how the data will be interpreted and used to demonstrate success toward objective(s) named in Part C.

**Part F – Network Priorities:** Describe how your project: improves the patient's experience, addresses an important healthcare disparity, reduces harm to patients, maintains pursuit of equitable care, or improves quality.

**Part G – Sustainability:** Describe how you will fund the project after exhausting the grant and explain how the project will proceed should current team members depart Einstein.

**Part H- Network Reach**: Have you conferred with counterparts at other Einstein facilities to confirm whether this project, or a version of it, has already been implemented? If not, can this be expanded to other facilities in the Network that share the same need your program will be addressing?

**Part I-** **Collaboration\***: If your project will involve other departments, have you consulted them and sought collaboration and input? Please explain.

\*External collaborators should only be engaged if Einstein does not have such a department/team/expertise or does not have the bandwidth or resources to participate. Please explain.

**SECTION III – For previous AES grant recipients only:** Please list any previous AES grants your team members have received, including project title, members, award year and status of grant.

**SECTION IV – Budget Narrative (Max 1/2 Page):** Please provide a brief explanation of the costs outlined in the budget table below. **Where possible, please secure estimates from vendors.** *Please Note: the $40,000 funding maximum is a limit, not an expected spend.*

**Proposed Project Budget**

***Please note: The $40,000 award amount is a maximum, not an expected spend.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Income / Revenue** |  |  |  | | |  |
| Patient Charges |  |  |  | | |  |
| Outside Contracts |  |  |  | | |  |
| **Total Revenue** |  |  |  | | |  |
|  |  |  |  | | |  |
| **Expenses** |  |  |  | | |  |
| **Personnel / Position** | **% of Time Spent on Project** | **Total Salary** | **% of time to be met through AES funding** | | | **Amount to be met through AES Funding** |
|  |  |  |  | | |  |
|  |  |  |  | | |  |
| **Non Personnel** | **Description** | | | **Total** | **Amount to be met through AES Funding** | |
| Professional fees (contract, consultant) |  | | |  |  | |
|  | | |  |  | |
| Supplies |  | | |  |  | |
|  | | |  |  | |
| Travel and Meetings |  | | |  |  | |
|  | | |  |  | |
| Training |  | | |  |  | |
|  | | |  |  | |
| Evaluation |  | | |  |  | |
|  | | |  |  | |
| Equipment |  | | |  |  | |
|  | | |  |  | |
| Other (please describe) |  | | |  |  | |
| ***Total Non-Personnel*** |  | | |  |  | |
| **Total** |  |  |  | | |  |
| **Total Revenue** |  |  |  | | |  |
| **Total Expenses** |  |  |  | | |  |

Please submit completed application

to Allie Ernst ([Alexandra.Ernst@Jefferson.edu](mailto:Alexandra.Ernst@Jefferson.edu)) by February 3, 2023