

### Background & Objectives

Gift of Life Donor Program (GLDP), and its non-profit affiliate, Transplant Foundation are committed to supporting innovative programs to support transplant patients (and their caregivers/families) receiving care at the Transplant Centers throughout the entire Gift of Life donation service area. This Grant Program funded by Transplant Foundation is focused on supporting those who travel for transplant related services at the following transplant centers: Penn State Health Milton S. Hershey Medical Center; UPMC Pinnacle Harrisburg, Lehigh Valley Hospital, Geisinger Medical Center, Crozer-Chester Medical Center, Lankenau Medical Center, Christiana Care Health System, and Nemours/Alfred I. duPont Hospital for Children. Lodging and supportive services are currently provided to patients and their caregivers travelling to Philadelphia for their transplant related care through Gift of Life Family House.

Transplant Foundation will review grant applications annually. Applications will be evaluated for their support to patients (and living donors) and their caregivers/families for transplant related care. Clear guidelines on the implementation on the program by the Transplant Center, accounting for grant funds and maximizing the number of patients/families supported by the grant are critical.

Proposals should include projects that require financial support in amounts ranging up to \$25,000. Examples of projects that may be considered include:

- A program offering subsidized meals or lodging for transplant patients and caregivers traveling to the Transplant Center from a distance.
- Transportation assistance for patients and caregivers involved in the donation or transplantation process.
- Funding will not be supported for overhead expenses, staff positions or services typically provided by a transplant service, or prescription/medications.

### Guidelines

#### Eligibility

In order to be eligible for a grant, projects should meet the following criteria:

- 1) Have one of the eligible transplant centers as its applicant.
- 2) Have a core purpose consistent with the Transplant Foundation's mission of supporting transplant families and their caregivers. Projects must indicate how they will support patients/families/caregivers receiving services at one of the eligible transplant centers and how the project will be implemented.
- 3) The specific aspect of the project funded by the grant should be capable of completion within one year of the date funding is released. If an applicant seeks approval for a multi-year project, the applicant must demonstrate why the extended timeframe is appropriate.
- 4) The Grant Program operates on an annual basis and applications must be received by **October 30<sup>th</sup>** for consideration of a grant to be released for the following calendar year.

## Terms & Conditions

- When a project is preliminarily selected, the applicant may be required to enter into an agreement with Transplant Foundation prior to release of grant funds.
- Transplant Foundation will establish a schedule for release of the grant funds that may be conditioned upon the submission of detailed information by the applicant throughout the term of the grant. At the end of the grant period (typically 1 year) an accounting of expenditures will be required which includes an accounting of the use of all of the funds and the impact (e.g. number of services/families supported.)
- No grant recipient will provide or receive valuable consideration for any anatomical gift made available through GLDP other than reasonable payments associated with removal, transportation, implantation, processing, preservation, quality control, and storage. All grant funds are intended to provide direct support to families involved in the transplant process.
- The Grant Application must include the sign off of the Transplant Administrator of the applicable transplant center.
- The grant recipient is responsible for all legal and tax compliance relative to the implementation of their sponsored project.
- Any publication or promotion of a program receiving support under the Grant Program will include acknowledgement of the support provided by Transplant Foundation. Grantees will collaborate with Transplant Foundation in any promotion or publication involving a funded program.

## Applicant Information

### Applicant:

Name \_\_\_\_\_ Street \_\_\_\_\_  
Title \_\_\_\_\_ City \_\_\_\_\_  
Organization \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

## Acknowledgment

By signing below, you acknowledge:

- 1) You have read, understand, and agree to the Grant Application guidelines.
- 2) Your application conforms to the guidelines.

\_\_\_\_\_  
Transplant Center Administrator

\_\_\_\_\_  
Date

**Project Title** - \_\_\_\_\_

**Introduction** - please provide an executive summary of the project.

**Use of Grant Funds** - please detail the amount of your request and how the funds are to be used.

**Accounting for Grant Funds Expenditure and Impact**- please detail how you will account for the grant fund expenditure and what metrics you will utilize to determine impact.

**Evaluation & Publication** - please explain the frequency and method by which your results will be evaluated and whether you intend to publish or promote the program or any outcomes.

**Other Funding Sources** - please describe any other sources of funding for this project.

**Project Budget** - assumes a 12-month time frame.

	Assumptions or Details	Requested from Transplant Foundation	Overall Budget Total
Personnel (list):		N/A	
		N/A	
		N/A	
		N/A	
		N/A	
Supplies			
Equipment			
Travel			
Patient Care			
Other Expenses (list):			
<b>Total</b>			

### Supplemental Materials Checklist

Cover letter

Additional key personnel curriculum vitae / resume

Full project budget, if available

Previously published works related to the project, if available

Any applicable regulatory or institutional approval