



Regional Transplant Center Family Support Grant Program

2020 Application Due January 31, 2020

Background & Objectives

Gift of Life Donor Program (GLDP) and its Transplant Foundation affiliate are non-profit organizations 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, Nemours/Alfred I. duPont Hospital for Children and Reading Hospital. 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 the support the programs would provide to patients (including living donors) and their caregivers/families for transplant related care. Clear guidelines on the implementation of 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 patients and caregivers traveling to the Transplant Center from a distance for transplant related services (pre- and post- transplant, including evaluation).
- Transportation assistance for patients and caregivers involved in or seeking to participate in the donation or transplantation process (pre- and post-transplant - including evaluation).
- Funding will not be supported for overhead expenses, staff positions or services typically provided by a transplant service, or prescription/medications.

***2020 Grant request shall be reduced by the unused balance of a Grantee's 2019 funding, if applicable. Include in your 2020 application the outstanding balance of 2019 funding that has not been utilized as of the date of submission of the 2020 application.**

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 for 2020 must be received by January 31, 2020 for consideration of a grant to be released for the 2020 calendar year. Applications will be considered as received.

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 a lump sum or may be partial payments. Release of the funds 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.) **Note, any 2020 award shall be reduced by the unused balance of the Grantee's 2019 funding, if applicable. Include in your 2020 application the outstanding balance of 2019 funding that has not been expended/utilized as of the date of submission of the 2020 application.**
- 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 relating to or promotion of a program receiving support under the Grant Program will include acknowledgement of the support and will reference Gift of Life and Transplant Foundation, its non-profit affiliate. 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	
Supplies			
Equipment			
Travel			
Patient Care			
Other Expenses (list):			
Total Request for 2020			
Reduced by Balance of	2019 Funding Remaining as of 2020 filing date		
Net Request for 2020			

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