# the Transplant Foundation Grant Program

## Funding innovative research in support of donation & transplantation

### Introduction

Gift of Life Donor Program (GLDP) is the federally designated not-for-profit organization responsible for coordinating organ and tissue donation and transplantation in the eastern half of Pennsylvania, southern New Jersey and the State of Delaware. GLDP has served the region for over 41 years and is the most active of 58 organ procurement organizations in the United States. GLDP has coordinated the recovery and allocation of more than 40,000 organs and hundreds of thousands of tissues for transplant since 1974. GLDP is also the primary source for organ and tissue donor information in the region and conducts hundreds of community and professional education programs each year.

GLDP was established in 1974 in order to improve the efficiency of recovering and sharing kidneys to its constituencies in the tri-state areas of Pennsylvania, New Jersey and Delaware. It has expanded its services and the transplant programs it supports over the past 40 years. It currently supports 15 transplant centers with 43 organ-specific programs at which nearly 5,900 patients await a life-saving transplant. GLDP partners with more than 150 acute care hospitals in the region in coordinating recoveries of the "gift of life."

In 1998, Gift of Life Donor Program's Board of Directors established the Transplant Foundation, a 501(c)(3) organization which supports the mission of GLDP, including education, research and services to donor families and recipients. The Foundation is the steward for broad-based programming and initiatives including the Gift of Life Institute, National Transplant Pregnancy Registry, the Dash for Donor Awareness, the Delaware Dash, Team Philadelphia, and has also facilitated the strategic development and operations of Gift of Life Family House, along with numerous other scientific, medical and community-based activities.

## Objectives

Transplant Foundation's Donation and Transplantation Grant Program was established to advance organ and tissue donation and transplantation, particularly in the GLDP donation service area. Proposals should include projects that require financial support in amounts ranging up to $50,000. Projects requiring other amounts may also be considered. Examples of projects that would be considered include:

- Evaluations of clinical interventions to increase organ procurement and organ utilization, positively impact transplant outcomes and extend graft survival (deceased and living)
- Projects designed to advance the quality and safety of transplantable organs and tissue
- Projects focused on emerging specialties in the delivery of donation and transplantation services
- Projects designed to evaluate initiatives to increase quality and promote cost effectiveness in the donation and transplantation field
- Pilot projects employing innovative messaging or outreach to increase donor designation rates
- Social and behavioral interventions to increase public commitment to organ and tissue donation and enrollment in a state registry
- Pilot projects with evaluative measures designed to address burdens faced by transplant recipients and their families (no direct funding of prescription drugs or medications)

## Guidelines

### Eligibility

The goal of the Grant Program is to support innovation, quality, and safety in the field of donation and transplantation through scientific research, community programming or alternate approaches to existing processes and protocols. In order to be eligible for a grant, projects should meet the following criteria:

1) Have as its primary applicant a member of the Gift of Life Donor Program donation service area (eastern half of Pennsylvania, southern New Jersey and Delaware).

2) Have a core purpose consistent with the Transplant Foundation's mission of advancing organ and tissue donation and transplantation. Projects should indicate how they will impact organ and tissue donation and transplantation within the Gift of Life Donor Program donation service area.

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) Special consideration will be given to projects that can be replicated or developed for broader application in order to better service the Transplant Foundation's constituents and the Gift of Life Donor Program service area.

## Applications Dates

The Grant Program operates on a rolling approval basis with applications accepted in February, August and November of each year. Applications should be submitted by the last business day of the month and will be reviewed by the end of the following month. Applications received after the close of an application cycle will be considered for the following cycle.

## Submission

Completed applications and supplemental materials should be submitted to grants@donors1.org.

## Terms & Conditions

When a project is preliminarily selected for funding, the Applicant will be required to complete an additional certification regarding the project including conflicts of interest, ownership, etc.

Regular updates on the progress of the project are required at least twice during the grant term and more frequently if requested. Any publication of the results of a project supported by the Grant Program must include attribution satisfactory to Transplant Foundation.

Projects that have the potential to be developed as business ventures may require additional evaluation and a separate contract. Any creation, invention or modification developed under the Grant Program will be considered the property of Transplant Foundation.

Funds not used within the timeframe approved by Transplant Foundation must be returned unless an extension is requested and approved.

## Applicant Information

**Project Director / Principal Investigator:**

Name _____
Title _____
Organization _____
Street _____
City _____
State _____ Zip _____
Country _____
Telephone Number _____
Email Address _____

**Co-Applicant / Authorized Representative:**

Name _____
Title _____
Organization _____
Street _____
City _____
State _____ Zip _____
Country _____
Telephone Number _____
Email Address _____

Are you a current or former employee or board member of Transplant Foundation, Gift of Life Family House, Gift of Life Institute, or Gift of Life Donor Program? ☐ Yes ☐ No

If not, do you have an existing relationship with one or more of those organizations (describe)?

## Acknowledgment

By signing below, you acknowledge:

1) You have read, understand, and agree to the Grant Program guidelines;
2) Your application conforms to the guidelines of the Grant Program;
3) Your application does not seek funding for capital projects; and
4) You have attached all required supplemental materials listed on page 5.

_____ _____
Primary Applicant Date

_____ _____
Co-Applicant Date

# Proposal

**Project Title** - _____

**Introduction** - please provide an executive summary of your proposal including qualifications of the project staff and the project timelines. (300 words)

**Statement of Need** - please explain the need addressed by your project including the target population. (200 words)

**Methodology** - please explain how your proposal will address the stated need. (200 words)

**Evaluation & Publication** - please explain the frequency and method by which your results will be evaluated and whether you intend to publish any results. (200 words)

**Other Funding Sources** - please describe any other sources of funding for this project. (100 words)

**Preliminary Budget** - assumes a 12-month time frame. No more than 15% of requested funds may be allocated for overhead charges (general or unspecified expenses charged by the institution).

| | Assumptions or Details | Requested from Transplant Foundation | Overall Budget Total |
|---|---|---|---|
| Personnel (list): | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Supplies | | | |
| Equipment | | | |
| Travel | | | |
| Patient Care | | | |
| Other Expenses (list): | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| **Total** | | | |

## Other Project Information

Are human subjects involved? ☐ Yes ☐ No

If yes, is the project exempt from Federal Regulations? ☐ Yes ☐ No

If yes, provide exemption number: _____

If no, is the IRB review pending? ☐ Yes ☐ No

IRB approval date (if received): _____

Is proprietary or privileged information included in the application? ☐ Yes ☐ No

Does the project involve activities outside the United States or partnerships with international organizations or collaborators? ☐ Yes ☐ No

If yes, please identify countries and explain involvement: _____

_____

_____

Is this project undertaken for credit at an institution of higher education? ☐ Yes ☐ No

If yes, please identify the institution: _____

Faculty advisor: _____

Degree sought / course of study: _____

Credits expected for this project: _____

## Supplemental Materials Checklist

- ☐ Cover letter
- ☐ Project director / principal investigator curriculum vitae / resume
- ☐ Additional key personnel curriculum vitae / resume
- ☐ Full project budget, if available
- ☐ Previously published works related to the project, if available
- ☐ IRB approval, if applicable