

KPRI Quality Award Grant Application 2019

Applications should l	be sent to Mary Aiken t	it: <u>mary.aik</u>	en a childrensal.org					
TITLE OF PROJECT	(Do not exceed 81 charac	cters, including	g spaces and punctuation	n.)				
2. Team Lead								
2a. NAME (Last, first, middle)		2b. DEGREE(S)	T T					
2c. POSITION TITLE			2d. TELEPHONE					
2g. DEPARTMENT			2f. E-MAIL ADDRESS					
		7.COSTS RE	FOLLEGIED					
A DATES OF BRODOSED BEDIOD OF		Direct Co						
From 07/01/19	Through 06/30/20	Total Cos	ats (\$)					
10. The undersigned revi support and accept the o	ewed this application for a bligation to comply with all	KPRI quality a such policies,	award and is familiar with terms, and conditions.	the policies, terms, and co	nditions of the KPRI concerning			
Team Lead:			Director/Supervisor of Te	eam Lead:				
Signature of Primary App	olicant (Team Lead)		Signature of the Director/Su signature indicates that time salary support for team lead	and effort are appropriate as	Date			

Team Lead (Last, First, Middle):

USING LAY LANGUAGE, BRIEFLY DES	SCRIBE THE PROJECT AND RELEVAN	ICE TO IMPROVING THE QUALITY/SAFETY OF PATIE	NT CARE:
KEY PERSONNEL Use continuation of	ares as needed to provide the required in	oformation in the format shown below	
KEY PERSONNEL. Use continuation pa Start with Team Lead. List all other team	members in alphabetical order, last nan	ne first.	
Name	Organization	Role on Project	
			'
	Page <u>2</u>	F	orm Page 2

DETAILED BUD	GET FOR INITIAL	BUDO	SET P	ERIOD		FROM 07/01/1	9 06	зн 3/30/19
PERSONNEL (Applicant organization only)		Months Devoted to Project				DOLLAR AMOUNT REQUESTED (omit cents)		
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	Team Lead					0	0	0
					-			
	SUBTOTALS							
CONSULTANT COSTS								
EQUIPMENT (Itemize)								
SUPPLIES (Itemize by car	tegory)							
TRAVEL								
PATIENT CARE COSTS	INPATIENT							
ALTERATIONS AND REN	OUTPATIENT OVATIONS (Itemize by cate	gory)						
OTHER EXPENSES (Item	nize by category)							
							→	
TOTAL DIRECT COS	STS FOR INITIAL BUD	GET PE	RIOD (Item 7, Fac	e Page)		l s	