



Staff Innovation Grant Application Form

Applicant's Name: _____ Date of request: _____

Position: _____

LHS or LMH Unit: _____

Title of program / session: _____

Total Funds Requested: \$ _____

Email: _____ Phone: _____

Signature: _____

Unit Approval (*Manager, Director or Executive Director only*)

Name: _____

Title: _____

Signature: _____

LMHF Executive Director approval:

Signature: _____

Date: _____

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healthy community*

Please prepare a funding proposal presenting the education/research opportunity you are trying to pursue and that includes at least the following information:

1. **Summary of Staff Innovation Grant proposal**
2. **Objectives of Staff Innovation Grant proposal:** (attach outline, goals, and objectives, if applicable)
3. **Budget*:** (detail of all expense items)
4. **What is the target patient population to benefit?**
5. **What is the anticipated impact and/or benefit to staff and patients? How will success of the innovative opportunity be measured and shared?**

Upon submission of this Staff Innovation Grant Program application, I agree to:
(please initial each box)

	Advise LMHF, in writing, if a variation of the approved use of funds is necessary
	Obtain the approval of LMHF prior to any expenditure if changes are made to the approved budget
	Where appropriate, the recipient will work to identify one or more constituents who are willing to share - either anonymously or publicly - how the program supported them
	Recipients may be asked to provide tangible data on how the grant helped in the development and testing of new programs, services, tools, innovation, or other initiatives that can strategically advance health care with the ultimate objective of improving outcomes for the community..

- *Please refer to the funding criteria for approved expenses*

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