



Tim Schultz Education Grant Application Form

Applicant's Name: _____ Date: _____

Position: _____

LHS or LMH Unit: _____

Email: _____ Phone: _____

Title of course/session: _____

Dates (s) of course/session: _____

Total Funds Requested: \$ _____

Signature: _____

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

Name: _____

Title: _____

Signature: _____

LMH Clinical Director:

Signature: _____

Date: _____

LMHF Executive Director approval:

Signature: _____

Date: _____

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

1. **Summary of Staff Education Grant proposal:** (name of educational opportunity, date and timeline, number of participants)
2. **Objectives of Staff Education Grant proposal:** (attach outline, goals, and objectives, if applicable)
3. **Budget*:** (detail of all expense items including documentation from course provider if applicable)
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 educational opportunity be measured and shared?**

Upon submission of this Staff Education 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
	recognize LMHF in course materials provided to participants, and allow a LMHF representative to make a short presentation to attendees, if requested
	file a report within three months of completion of the course or within six months of receiving funds (whichever is appropriate). The report should detail the learning outcomes of the education opportunity, how the grant recipient has benefitted, and the impact on patient care.

- Please refer to the funding criteria for approved expenses

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