**Grant Application**

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| --- | --- | --- |
| 1 | Project Title |  |
| 2 | Clinical or Operational Area |  |
| 3 | Healthcare System |  |
| 4 | Hospital or Entity Name |  |
| 5 | Applicant Name |  |
| 6 | Applicant Title |  |
| 7 | E-mail Address |  |
| 8 | Telephone |  |
| 9 | Mailing Address, City, State, Zip Code |  |
| 10 | **Please list the names and titles/roles of the additional members of the project team:** |
| **Name:** | **Title/Role:**  |
|  |  |  |
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|  |  |  |
| 11 | Name of Senior Risk Management or Corporate Insurance Representative |  |
| 12 | Mailing Address, City, State, Zip Code |  |

1. **The issue being addressed involves the following clinical areas: *(Check all that apply)***

☐ Ambulatory Care

☐ Emergency Services

☐ Hospital/System-wide Focus

☐ Obstetrics/Perinatal

☐ Radiology/Imaging Services

☐ Surgical/Peri-Operative

☐ Other (Please specify)

Click or tap here to enter text.

1. **Briefly describe the project and its importance to the organization: *(two paragraphs maximum, please attach any supporting documentation)***

Click or tap here to enter text.

1. **Describe how this project will improve patient safety or reduce the potential for liability. *(one paragraph maximum)***

Click or tap here to enter text.

1. **What metric(s) will be used to measure progress and determine the success of this project?? *(one paragraph maximum)***

Click or tap here to enter text.

1. **Please describe the tangible results of the project that can be quantified and shared as best practices with other AEIX members? *(one paragraph maximum)***

Click or tap here to enter text.

1. **Please provide a financial estimate of the project** Click or tap here to enter text.
2. **What is the expected timeframe for completion of this project?** Click or tap here to enter text.
3. **Is this project based on successful practices evaluated from literature or other healthcare providers?** [ ]  **Yes** [ ]  **No**
4. **Is this project based on an original concept created by the project team?** [ ]  **Yes** [ ]  **No**
5. **Do you have plans to publish the project results in a professional publication or networking forum?** [ ]  **Yes** [ ]  **No**
6. **Is there anything else you’d like to share about this project?**

Click or tap here to enter text.

**Signatures required to submit this application**

**Primary Clinical Sponsor** (The individual responsible for monitoring progress of the project, submitting receipts and other documentation supporting the use of grant funds, and will provide a summary report of the project outcome)

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Signature Title Date

**Alternate Clinical Sponsor** (The individual responsible for supporting the responsibilities of the Primary Clinical Sponsor, and assuming those responsibilities if the Primary Clinical Sponsor is unable to fulfill the requirements of the project)

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Signature Title Date

**Senior Risk Management Leader**

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Signature Title Date

**CEO or CFO of Applicant’s Healthcare Facility**

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Signature Title Date

Thank you for completing the application. Please follow these next steps.

- Save this document in Word format and gather your supporting documentation.

- Forward the application and documentation to your senior risk management leader or corporate insurance

 representative. *They will need to complete and sign the Evaluation of Awards Application Form on the final page of*

 *the application before submitting it to American Excess Insurance by* ***Friday August 16, 2024****.*

**Evaluation of Grant Application**

The evaluation must be completed and signed by the senior risk manager or corporate insurance representative. Please evaluate the Award Application by indicating the best answer to the question.

* 1. **How will this project improve safety and/or reduce liability?**

[ ]  Little effect on safety and liability (1)

[ ]  Some improvement but metrics are not defined and/or it is not clear that measurable effect can be sustained (2)

[ ]  Strong effect with clearly defined metrics (3)

* 1. **What is the potential to share this project or practice with other AEIX members?**

[ ]  Little potential – i.e. *implementation requires major budgetary commitment, topic is highly specialized, and/or metrics are not*

 *clearly defined* (1)

[ ]  Some potential but process may be hard for another organization to implement, and/or its application may be limited

 *- i.e. major budgetary commitment, topic is highly specialized, and/or metrics are not clearly defined (2)*

[ ]  Strong potential for producing best practices (3)

* 1. **What level of impact will this project or practice have on the severity of risk exposure?**

[ ]  Little chance of impacting severity of risk but could address other issues (1)

[ ]  Some potential to impact risk exposure (2)

[ ]  Strong ability to impact severe malpractice exposure caused by significant risk events (3)

* 1. **What level of innovation best describes this project?**

[ ]  Project/practice is new to this organization and is based primarily on firmly established best practices (1)

[ ]  Project/practice was created primarily by applicants with some assistance from an outside vendor and contains well-

 established best practices with additional innovative features (2)

[ ]  Project/practice was created solely by applicants and could be included in established literature or industry best practices (3)

* 1. **Share your comments or recommendations.**

Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| **E-Signature** | **Title** | **Date** |
| Click or tap here to enter text. |
| **Phone** | **Email** |  |

Send the completed application in Word format, supporting documentation, and signed evaluation to lana\_taylor@premierinc.com *by* ***Friday August 16, 2024.***

**Thank you for your submission.  In continued pursuit of our mission and vision to partner with forward-thinking healthcare leaders, inspire innovation, and provide the leading pathway for managing risk, we may share your project with other members of American Excess. However, this project will not be shared outside of the American Excess Insurance membership without your prior consent.**