

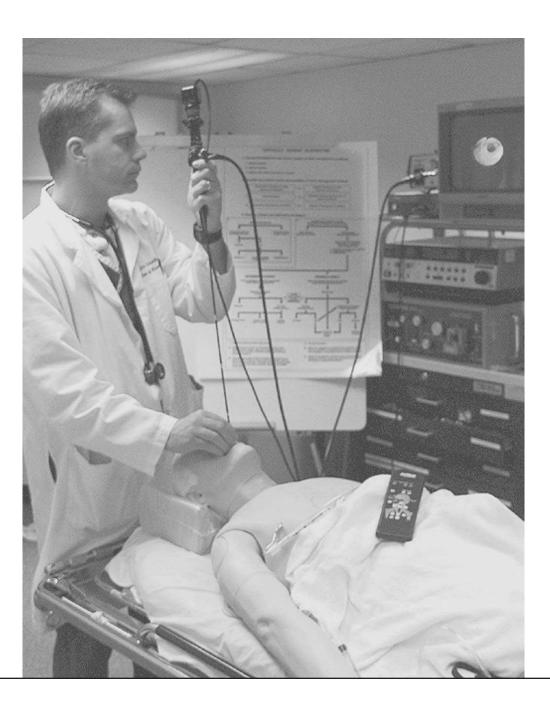
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Sample Grant Proposal HOSPITALS

SAMPLE LETTER OF INQUIRY

SAMPLE PROPOSAL





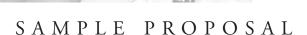
SAMPLE PROPOSAL

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Budget				
Item		Amount Requested	Amount Contributed	Total
(3	3)	\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Insuranc	ce \$			
Shipping & Handlin	ıg \$			
Installatio				

Total Costs \$_____





SAMPLE PROPOSAL

Summary

Commonwealth Community Hospital of Minnetonka, Minnesota, requests support from the Multiplex Foundation in the amount of \$_____,____ toward the purchase of a number of items from the Laerdal Medical Corporation (see attached budget) to replace outworn and outmoded, and to supplement existing, equipment used in our EMT training programs operated in conjunction with the University of Minnetonka, Minnetonka Community College, and, on occasion, various emergency medical services provided by local governmental agencies. We estimate that this equipment will suffice for the next 5 to 8 year period, given current population trends in our service area and the incidence of relevant injuries, trauma, etc., for whose treatment we provide training with this equipment.

Objectives

We propose to replace the following items of equipment: (1), acquired in 1982; (2), acquired in 1985; (3), acquired in 1986; and
(4), acquired in 1991. We propose further to supplement the equipment we intend to retain and the equipment we intend to purchase as replacements for the above with the following: (5) (two) (6)
The objectives to be attained with the replacement and additional equipment are, in general terms, the enhancement of the training programs now operated in conjunction with the indicated educational institutions and service agencies for medical students, physicians, nurses, and allied health personnel, including LPNs, EMS, Surgical-Technical, Paramedics, and Nurses' Aides. More specifically, we expect to improve their training in the following techniques: ; and
to provide new instruction in The realism of these objectives is indicated by reports of success with the vastly improved and much more sophisticated simulation equipment now available, as reported both in the literature and at recent conferences [document].

Significance

The importance of these training programs can be understood as the result of three trends: the growth in the population, accompanied by increases in accidents, injuries, and other kinds of

trauma requiring emergency treatment; the growth in the expectation of the availability of such treatment, expressed not only through the popularity of television programs dramatizing emergency treatment but perhaps more directly in the growth of the personal injury specialty in litigation; and especially in the recognition on the part of health professionals of their responsibilities for patient safety and modern treatment, as evidenced by such developments of bioengineering as telemedicine or even the use of virtual reality "caves" to simulate the most complex conditions encountered on the streets as well as on the battlefield. Health professionals obviously cannot wait to learn the intricacies of what they need to know until after the patient is dead. Practice on cadavers cannot prepare medical students for the pressures and anxieties they will experience when they work on still living patients. It is simply impossible to overvalue the training afforded by modern simulation. As engineering continues to advance, improvements in simulation techniques are occurring at an astonishing pace, and trainers have to decide not whether they need updated equipment but rather what priorities they should meet first. We cannot train tomorrow's health professionals with yesterday's methods.

Procedures

As indicated under Objectives, we have already established our immediate priorities and selected the items we wish to purchase, whether for replacement or supplemental purposes. These priorities reflect the number of students periodically rotating through our EMT training facilities, listed below by specialization, with the length of training period as indicated:

Specialization Cooperating Institution/Agency No. Of Trainees Training Period

credentials and qualif	ucted under the supervision of the fications are summarized. All our associations:	ams meet the standards of a



Our programs and their most recent dates of review and full accreditation (unless otherwise noted) are listed below.
, 1998

Copies of letters granting approval for these programs from the relevant accreditation agencies will be furnished upon request.
Evaluation
The usefulness of the new equipment will be assessed both formatively, through straightforward opinion surveys divided by specialty and Instructor vs. Student Opinion; and summatively, through our students'/trainees' performance on standardized performance examinations. The results will be made available both to the professions concerned and to the manufacturer of the equipment (Laerdal Medical Corporation), and will also be disseminated to the general public, in an appropriate format, through the media.
Personnel
The following persons direct our training programs. Their qualifications/credentials are indicated as well.
Anesthesiology: Marvin W. Phelps, M.D. (University of Minnesota, 1960). Chief of Anesthesiology at Commonwealth Community Hospital since 19888, Dr. Phelps has been a member of our staff since 1976. He is the author of numerous scholarly papers, a member of the American Society of Anesthesiologists (ASA), a Visiting Clinical Professor of Anesthesiology at the University of Minnetonka, and the former president of the Midwest Region, ASA.

SAMPLE LETTER OF INQUIRY

Commonwealth Community Hospital 5577 Himmelweiss Drive Minnetonka, Minnesota xxxxx-yyyy Telephone: [xxx] 987-6543 FAX: [xxx] 987-3456

Office of Resource Development

August 2, 2002

Ms. M. Kate Maddox Vice President, Programs & Operations The Multiplex Foundation Suite 340 One Hundred Multiplex Boulevard Minneapolis, MN xxxxx-yyyy

Dear Ms. Maddox:

On behalf of the Board of Directors of Commonwealth Community Hospital and its Executive Officers, I am pleased to submit the enclosed request for assistance with the purchase of a number of equipment items from Laerdal Medical Corporation. These items are to be used in the training programs we operate in conjunction with the University of Minnetonka, Minnetonka Community College, and, on occasion, emergency medical services of local governmental entities. Also enclosed are letters of support by appropriate officials from these institutions and agencies, the IRS letter confirming our 501.c(3) tax-exempt status, a map of our service area, and tables of data, including several from the 2000 U.S. Census, showing the growth of our service population and the increased demand for our services. A summary report from the Life Insurance Institute is also enclosed, indicating the rise of automobile and other vehicular traffic accidents in this area.

We would be happy to furnish any additional information you may desire. Should you think a meeting advisable to discuss the proposal informally before its official consideration, we will make ourselves available at your convenience.

We look forward to hearing from you.

Sincerely,

Herbert A. Wilson, Ed.D. Director of Resource Development