

# Physician Innovation Fund

## Purpose

The Physician Innovation Fund (PIF) will be supported by the Englewood Health Foundation to underwrite physician-led programs and projects at the recommendation of the Physician Philanthropy Council (PPC) to advance Englewood Health's mission and strategic priorities. Grants will address specific unmet needs or issues faced by the health system and support Englewood Health priority areas, including but not limited to:

- ◆ Medical equipment or devices
- ◆ Diagnostic equipment
- ◆ Research studies
- ◆ Educational and training resources that align with Englewood Health's goal of best serving patients and the community

## Grant Amount

The Fund corpus is \$150,000 to be awarded by the Englewood Health Foundation in 2021. Grant awards will be ongoing based on the number of projects submitted. Grant awards will not exceed \$50,000 per project.

## Eligibility

Grant applicants must be physicians in good standing who practice within the Englewood Health System. If members of the Physician Philanthropy Council apply, they must recuse themselves from the final decision process. Collaborative projects are allowed.

## Term of Grants

The term of the grants will be one year and the purpose of the grant is to be accomplished within that same period.

## Proposal Sponsorship/Application

Each proposal must have sponsorship from the appropriate Department/Division Chief and Administrative Vice President who have oversight of the area most aligned with the grant under consideration.

## Application Process

Applicants will submit a project to the Physician Philanthropy Council Grant Selection Committee which will review and forward finalist(s) to the Physician Philanthropy Council for approval. Grants will be awarded by the Englewood Health Foundation.

## Grant Awards

The Physician Innovation Fund provides grants up to \$50,000 per recipient group or project. This may vary based on grant proposals. Only one grant may be awarded to a physician/group.

**The application deadline is June 30, 2021. Awards will be announced in early fall 2021.**

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## Request for Proposal

**Applicant Name(s):** \_\_\_\_\_

**Department(s):** \_\_\_\_\_

**Project Summary:** \_\_\_\_\_

**Project Need:** Provide a brief description of the project.

**Project Description:** Describe the impact the proposed project will have on Englewood Health patients and the community.

**Project Timeline:** \_\_\_\_\_

**Project Budget:** Please complete attached budget form. **Grant Request: \$** \_\_\_\_\_

**Applicant Signature(s):**

**Signature** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Applicant's Vice President or Department Chief:**

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_

**Date** \_\_\_\_\_

All applications must be submitted by June 30, 2021 via email to the Physician Philanthropy Council Grant Selection Committee at [Physician.Philanthropy@ehmchealth.org](mailto:Physician.Philanthropy@ehmchealth.org). Awards will be announced in early fall 2021.



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Program Expense Category	Detail	Projected Cost
Capital		
Equipment		
Materials		
Staff		
Salary		
Benefits		
Other		
	<b>TOTAL</b>	