

Physician Innovation Fund

Purpose

The Physician Innovation Fund (PIF) will be supported by the Englewood Health Foundation to underwrite equipment, devices, technologies or IRB-approved research studies at the recommendation of the Physician Philanthropy Council (PPC) that will advance patient care within the Englewood Health system.

Grant Amount

Grants will be awarded by the Englewood Health Foundation in 2024 on a rolling basis. Grant funding shall not exceed \$50,000 per grant award.

Eligibility

Grant applications must be submitted by 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. Projects will only be considered if they align with the health system's strategic priority and provide no benefit to an individual physician.

Term of Grants

The term of the grants will be up to 24 months 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 completed application 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 in 2024.

Grant Awards

Applications will be accepted and reviewed by the Physician Philanthropy Council Grant Selection Committee on a rolling basis through **September 3, 2024** or until funds have been exhausted, whichever occurs first. Only one grant may be awarded to a physician/group. Awardees will be notified in the 2024 calendar year.

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Request for Proposal

Applicant Name(s): _____

Department(s): _____

Project Summary: _____

Project Need: Provide an overview of need that the project will meet.

Project Description: Provide an overview of project objectives, plan, timeline and expected outcomes.

Project Budget: Please complete attached budget form.

Grant Request: \$ _____

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Vice President:

Department Chief:

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

An applicant must receive signatures from both Vice President and Department Chief.

All applications must be submitted via email from an EHMCHALTH.ORG email account to the Physician Philanthropy Council Grant Selection Committee at Physician.Philanthropy@ehmchealth.org. Applications will be accepted and reviewed on a rolling basis through September 3, 2024 or until funds have been exhausted, whichever occurs first.



Physician Innovation Fund

Program Expense Category	Detail	Projected Cost
Capital		
Equipment		
Materials		
Program Expenses and Monthly Charges		
Other		
	TOTAL	