KPRI Quality Award Grant Application 2019

Applications should be sent to Mary Aiken at: mary.aiken@childrensal.org

1. TITLE OF PROJECT (Do not exceed 81 characters, including spaces and punctuation.)

2. Team Lead

2a. NAME (Last, first, middle) 2b. DEGREE(S)

2c. POSITION TITLE 2d. TELEPHONE

2g. DEPARTMENT 2f. E-MAIL ADDRESS

6. DATES OF PROPOSED PERIOD OF SUPPORT (month, day, year—MM/DD/YY)

From Through Total Costs ($)
07/01/19 06/30/20

7. COSTS REQUESTED
Direct Costs ($)

10. The undersigned reviewed this application for a KPRI quality award and is familiar with the policies, terms, and conditions of the KPRI concerning support and accept the obligation to comply with all such policies, terms, and conditions.

Team Lead: Director/Supervisor of Team Lead:

Signature of Primary Applicant (Team Lead) Date Signature of the Director/Supervisor of Team Lead — signature indicates that time and effort are appropriate as salary support for team lead is not provided Date
Team Lead (Last, First, Middle):

**USING LAY LANGUAGE, BRIEFLY DESCRIBE THE PROJECT AND RELEVANCE TO IMPROVING THE QUALITY/SAFETY OF PATIENT CARE:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Role on Project</th>
</tr>
</thead>
</table>

**KEY PERSONNEL. Use continuation pages as needed** to provide the required information in the format shown below. Start with Team Lead. List all other team members in alphabetical order, last name first.
### Detailed Budget for Initial Budget Period

#### Personnel (Applicant Organization Only)

<table>
<thead>
<tr>
<th>Name</th>
<th>Role on Project</th>
<th>Cal. Mths</th>
<th>Acad. Mths</th>
<th>Summer Mths</th>
<th>Inst. Base Salary Requested</th>
<th>Fringe Benefits</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Team Lead</td>
<td></td>
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<td></td>
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<td>0</td>
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</tbody>
</table>

#### Subtotals

- Consultant Costs
- Equipment (Itemize)
- Supplies (Itemize by category)
- Travel
- Patient Care Costs: Inpatient
- Outpatient
- Alterations and Renovations (Itemize by category)
- Other Expenses (Itemize by category)

#### Total Direct Costs for Initial Budget Period

(Item 7, Face Page) $