Medical Center Staff Advisory Council (MCSAC)

**2020 Grant Application**

Welcome to MCSAC’s Grant Application Funding process! We are looking forward to receiving your project for consideration.

Over the years, MCSAC has funded countless projects within VUMC to improve the lives of our patients, caregivers, faculty, and staff. We feel honored to make this great contribution to Vanderbilt.

* On the grant proposal, you will be asked to indicate the following:
  + Grant Aim (3 Aims total)
  + Overall proposal strategy, timeline, and impact

***Note***: Each proposal will not exceed 4 pages, including the cover-title page.

* MCSAC will fund as many applications, as possible. As funds are limited, we will be not accept any applications for projects or programs over $1,000.
* MCSAC grant awards may **not** be used for any of the following:
  + Routine department items, renovation of physical facilities, telephone services, laboratory or office furniture, membership dues, professional subscriptions, recruiting fees, maintenance contracts, computer equipment, personnel salary support, University programs

1. By **March 27th,** applications are due and should be sent electronically to [MCSAC@vumc.org](mailto:MCSAC@vumc.org)
   * Be sure to cc: [Camille.Barkalow@vumc.org](mailto:Camille.Barkalow@vumc.org)
   * Please type “Grants” into Subject line of the email
2. By **April 29th**, the MCSAC Grants Committee will present its 2020 recommendations to the Council and begin notifying award recipients.
3. By **May 29th**, MCSAC will disburse grant funds to recipients via an 1180.

Post-Award Process:

1. When MCSAC funds a proposal, requests either a report of progress/accomplishment or an “in person” presentation to the Council. This allows each grant recipient to share their project’s valuable contribution to VUMC. MCSAC will notify each grant recipient of the specific process post-award.
2. Please make available any digital photos of the project. Exercise care and caution when photographing patients and other individuals, whom require a Consent Form, etc. If you elect to photo individuals, then each MCSAC grant recipient is responsible for securing the correct Vanderbilt authorization. Please be advised these digital photos may be uploaded to the MCSAC website.

**Please initial, acknowledging your full understanding of item #2 above:** \_\_\_\_\_\_\_\_\_

Medical Center Staff Advisory Council

**2020 Grant Application**

**Title of Project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director: Department Contact (if *different* from Prog Director):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: E-mail address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: Department:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus address: Campus address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone #: Telephone #:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this your first grant application to MCSAC? □ Yes □ No

*If No*, was your previous application funded? □ Yes □ No

*If applicable,* please indicate the previous funded project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your application is awarded, **Cost Center #** that MCSAC should transfer the funds to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(***Note***: we can no longer transfer funds to Vanderbilt University Cost Centers)

Medical Center Staff Advisory Council

**MCSAC GRANT PROPOSAL**

1. Department description (briefly, please tell us who are you and what do you do):
2. Project proposal:
3. Aim #1 –
4. Aim #2 –
5. Aim #3 -
6. Describe proposal’s overall *strategy*, *timeline*, and *impact* to the Vanderbilt community:
7. Dollar Amount of Request:
8. Project Budget (provide as much detail as possible):
9. Other Funding/Resources: List *other* sources of funding/resources for this request. Please indicate if external funding/resources have been received, committed, or projected/pending:
10. Could project be advanced or completed with partial funding? □ Yes □ No
11. If selected for funding, will you come to a MCSAC meeting and report on the success of your project and how the funds were used to the benefit of the Vanderbilt community? □ Yes □ No

Medical Center Staff Advisory Council

**MCSAC GRANT COMMITTEE MEMBERS**

Scoring criteria:

1. Does not meet criteria/was outside the scope of our program (these include declination items listed on the grant application)
2. Meets criteria, moderately strong application, fund if possible
3. Meets criteria, strong application, recommend funding (100% or partial)