UPMC Horizon Community Health FOUNDATION

UPMC Jameson Health Care FOUNDATION

Grant Support from the UPMC Horizon and Jameson Foundations: Internal Requests

The UPMC Horizon and Jameson Foundations periodically provide grant support for UPMC Horizon and Jameson programs, departments and initiatives. The Foundations have implemented a semiannual grant application period during which organizations may request grant funding for projects meeting the objectives of the Foundation.

Eligibility and Process:

To be eligible for a grant, the applicant must be a department of UPMC Horizon, UPMC Jameson, or a UPMC entity located within the footprint of UPMC Horizon or UPMC Jameson (generally Mercer and Lawrence Counties, Pennsylvania). The interested department should submit an application including all of the details requested below by the deadline listed on the Foundations' grant page (https://upmchorizonfoundation.org/grants/). Requests will be considered during the grant cycle in which it is received. Applications which are incomplete may be denied or referred back to the applicant for additional information.

Requests are considered on a case-by-case basis and evaluated by need, cost, and compatibility with the Foundations' strategic objectives. Generally, grant requests must advance an important UPMC hospital or community health need which is not being addressed by other sources of funding. It is strongly recommended that requests be reviewed by department leadership prior to submission to the Foundations, as all UPMC requests must comply with hospital strategic objectives. Requests which are received are first evaluated by Foundation staff and then submitted to hospital leadership for internal approval. Requests are then submitted to the Foundations' Board of Directors for evaluation, approval and a determination about funding.

Due to the number of requests received by the Foundation and the priority of certain projects, not all grant requests can be supported. The Foundations may defer requests to alternative sources of funding or recommend reapplying during a later grant period. Questions about the process or eligibility requirements should be directed to Adam Nowland at the Foundation.

Application Information:

Please provide the following information about your request. The Foundation may request additional information.

1. **Applicant Information.** Please include the requesting department/facility/program and a name and contact information for the person completing this request:

2. **Project Summary.** Provide a brief description of the project for which you are seeking support:

3. **Project Purpose.** Provide a detailed description of the objective of the project for which you are seeking support, and the hospital or community health need which will be addressed:

4. **Request Detail.** Provide a detailed description of what this grant will support (specific equipment, programming, etc.):

5. **Cost Detail.** Provide a breakdown of costs, including equipment, supplies, and programming, which will be addressed by this grant:

6. **Other Funding Available.** Please list other funding sources and amounts (applied for or approved/received) which will support this project:

7. **Urgency/Timeframe.** Please describe the anticipated timeline for this project as well as the requested date for which funding is needed:

8. **Specific Amount Requested.** Provide the total amount requested as part of this grant:

9. **Any Other Information.** Please share any other information which you believe would help evaluate this grant request:

10. **Final Grant Report.** Any grant provided by the Foundations requires a commitment from the grantee to provide a final report at the end of the grant period detailing a) how any funds provided by the Foundation were specifically used, and b) the outcome of the project. Please confirm that you will provide a final report to the Foundation at the end of the grant period: