

**International Healthcare Security and Safety Foundation
IHSS GRANT PROGRAM
APPLICATION**

The foundation is established for the purpose of fostering and promoting the welfare of the public through educational and scientific research and development of healthcare security and safety management and administration.

These objectives of service to the public shall be accomplished by:

- *Promoting and developing educational research into the maintenance and improvement of healthcare security and safety management.*
- *Developing and conducting educational programs for the public in the field of healthcare security and safety management.*

The International Healthcare Security and Safety Foundation has established the Grant program as one means of fulfilling the Objectives and Purposes set forth in its By-Laws.

Submission of the information requested of applicants for grant(s) provides the basis for evaluation and approval of the application, and determination of the extent of assistance to be provided by the Foundation.

PRINT OR TYPE ALL INFORMATION

SECTION I

A. _____
(Project Title)

B. Identification of Applicant / Principal Investigator (attach curriculum vitae as Exhibit A):

(Last Name) (First Name) (Middle Name)

(Professional Academic Accreditation / Title) (or Student Academic Status, if applicable)

(Street Address) (City/Town) (State/Province) (Postal Code)

(Telephone Number) (FAX Number) (E-mail Address)

C. Employer (or academic institution attended by applicant)

(Corporation Name)

(Street Address) (City/Town) (State/Province) (Postal Code)

(Department Identification) (Years of Service by Applicant)

(Telephone Number) FAX Number (E-mail Address)

D. Identification of Principal Investigator / Researcher (if different than applicant)(attach c/v as Exhibit A.)

(Last Name) (First Name) (Middle Name)

(Professional Academic Accreditation / Title)

(Street Address) (City / Town) (State / Province) (Postal Code)

(Telephone Number) (FAX Number) (E-mail Address)

SECTION II

A. Projected Length of Project:
 _____ to _____
 (Beginning Date) (Ending Date)

 (Target Bench Mark Dates)

B. Defined Total Cost: \$ _____
 (Attach complete itemized budget as Exhibit B.)

SECTION III (Abstract must be brief, concise and succinct.) (Do not exceed the space provided.)

In the following paragraphs:

- A. Summarize the purpose of the project and state the problem to be researched,
- B. State the objective(s), outcome(s) or desired goal(s) expected to be achieved,
- C. Describe the methodology or approach planned to address the need for and project,
- D. Present the planned schedule to complete the project.

A. Statement of Purpose: _____

B. Goal(s) and Objective(s): _____

C. Methodology / Approach: _____

D. Time and Planning Schedule: _____

SECTION IV

A. Annualized Budget:		
1. Salaries (if applicable, include schedule of individual salaries as <u>Exhibit C</u>)	\$	_____
2. Fees (include schedule of individual fees as <u>Exhibit D</u>)	\$	_____
3. Expenses (include itemized schedule for each category as <u>Exhibits E thru J</u>)		
	Equipment	\$ _____
	Supplies	\$ _____
	Printing / Postage	\$ _____
	Administrative / Clerical	\$ _____
	Travel	\$ _____
	Other	\$ _____
B. Total Costs	\$	_____

SECTION V

Terms and Conditions

Decisions of the Application Review Committee are final and not subject to appeal. Proceedings of the Application Review Committee will not be disclosed.

Applications and all accompanying materials become the property of the IHSS Foundation and will not be returned to the applicant.

Grant Recipients are required to submit quarterly reports commencing with the date of approval of the application by the Application Review Committee. A final report must be submitted to the IHSS Foundation within sixty days of date of completion. If grant recipients fail to complete grant requirements, they are obligated to repay the full amount of the grant.

The IHSS Foundation reserves sole right of first publication of academic / industry papers or studies funded in part or in whole by the IHSS Foundation.

Any and all publication of materials resulting from IHSS Foundation funding support, in part or in whole, requires a statement of acknowledgement of the support provided by the IHSS Foundation.

The Application Review Committee reserves the right to request additional information from the applicant and to extend the date upon which the Application Review Committee is to render a decision on the application.

The applicant will be notified in writing of any deadline changes.

I / we hereby certify that the information contained in this application is accurate and true to the best of my / our knowledge and belief. I / we authorize the IHSS Foundation to verify the accuracy of the information submitted.

I / we further declare that I / we fully understand and accept the terms and conditions cited in the Grant Criteria to include:

1. The statement summarizing the purpose of the proposed project,
2. The stated problem to be researched,
3. The concise statement of the measurable objective,
4. The methodology / approach to be used in addressing the need for the project, and
5. The projected time frame (e.g., beginning date, benchmark dates, ending date) and planning schedule.

_____	_____	_____
(Authorized Signature)	(Position / Title)	(Date)
_____	_____	_____
(Authorized Signature)	(Position / Title)	(Date)

<u>Forward completed application to:</u>	International Healthcare Security and Safety Foundation P.O. Box 5038, Glendale Heights, IL 60139
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International Healthcare Security and Safety Foundation

I H S S F GRANT PROGRAM

APPLICATION FOR GRANT

IHSSFApplicationReviewBoardGrantApplicationDecision08

08Jul08

Secretary / Board of Directors

Date

DECISION OF THE APPLICATION REVIEW BOARD

APPLICATION FOR I H S S F GRANT - IDENTIFICATION OF APPLICANT

APPLICANT's NAME _____
(First) (Middle) (Last)

HOME ADDRESS: _____
(Nr. / Street) (City / Town)

(State / Province) (Country) (Postal Code)

HOME TELEPHONE: _____ E-MAIL: _____

EMPLOYER: _____

EMPLOYMENT ADDRESS: _____
(Nr. / Street) (City / Town)

(State / Province) (Country) (Postal Code)

OFFICE TELEPHONE: _____ E-MAIL: _____

APPLICATION FOR I H S S F GRANT - ADMINISTRATION

DATE of APPLICATION PREPARATION: _____

DATE of APPLICATION SUBMISSION: _____

DATE of RECEIPT - IHSSF CENTRAL OFFICE: _____

DATE APPLICATION BOARD REVIEW INITIATED: _____

DATE APPLICATION BOARD REVIEW CONCLUDED: _____

DECISION OF THE APPLICATION REVIEW BOARD

RECOMMENDATION	APPROVAL	DENIAL
PRESIDENT	_____	_____
SECRETARY	_____	_____
TREASURER	_____	_____
MEMBER _____	_____	_____
MEMBER _____	_____	_____
MEMBER _____	_____	_____

NOTIFICATION OF DECISION CONVEYED TO APPLICANT

DATE: _____ METHOD: _____
(E-mail) (USPS) (Telephone)

Treasurer / Board of Directors

Check Nr.

Date

