



Request for Proposals

AltaMed GIVES, under the direction of the Employee Giving Committee, is proud to announce that we are accepting proposals for review from AltaMed sites/departments that provide services and support to the patients, participants, and the clients that we serve. **All approved projects will need to be completed on or before April 30, 2020 and will require a 6-month and final report of outcomes. Total number of grants available and grant dollar amount will be dependent on number of proposals received.**

- **Initial Application Q&A Session**

February 28th Thursday 12:00 pm | 1 hour | (UTC-08:00) Pacific Time (US & Canada)

Meeting number: 628 071 843

<https://altamed.webex.com/altamed/j.php?MTID=mf21beab519576d36f91344c7eb339210>

Join by phone

1-844-621-3956 United States Toll Free

+1-240-454-0887 United States Toll (San Jose)

Access code: 628 071 843

APPLICATION DEADLINES

- **Initial application: Friday, March 15, 2019 10pm**
- **Final application (if selected): Monday, April 8, 2019 10pm**
- **Panel interview (finalist only): Thursday, April 18 3pm Location TBD**

Initial proposal application guidelines are below

Site name:

Site Location:

Title of Project:

Project Sponsor:

Estimated Request:

Job Title:

Direct phone number:

Project Co-Sponsor (this individual will serve as a backup to the project sponsor):

1. Provide a brief summary of your project by answering the questions below:

Please describe your project, include key dates. *(700 characters max)*

Why have you identified this as a need? *(700 characters max)*

What are your goals for this project? *(1,000 characters max)*

Do you anticipate any barriers or challenges in completing this project? *(500 characters max)*

2. Budget information

Award range: no minimum with a maximum of \$10,000

Provide a brief summary of how the dollars will be used. Example: Clinic X will use \$5,000 to purchase wheel chairs for patients. (700 characters max)

3. Target population to be served

Tell us who will be impacted by this project. (800 characters max)

If applicable, please include:

Estimated number of people served:

Estimated age group range:

Area served:

4. Potential for collaborating with other sites/departments

Please state if there are opportunities for other sites and/or departments to collaborate on this project. (500 characters max)

5. Exclusion Criteria

1. Funds awarded through AltaMed GIVES cannot support:
 - a. Overhead costs for AltaMed Health Services Corporation which can include but are not limited to: employee salaries, employee benefits, payments made to contractors, per diems, interns and/or AltaMed fellows
 - b. Patient/participant/client costs that are routinely covered by AltaMed Health Services Corporation
 - c. Patient/participant/client costs that are routinely covered through insurance
 - d. Political campaigns or endorsements
 - e. Religious activities/events

Please have the project sponsor and submitting employee sign below. If your initial proposal application is accepted for consideration, you will be provided with a supplementary application that will require detailed information on your project.



SIGNATURE PAGE

Please print out and sign form before submitting. Form will not be accepted without physical signature.

Project Sponsor Signature: _____

Submitted by: _____ Date: _____

Supervisor must sign off on application.

Supervisor Signature: _____

Title: _____ Date: _____