Medical Center Staff Advisory Council (MCSAC)

**2021 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 should not exceed 4 pages, including the cover-title page.

* MCSAC hopes to fund as many proposals as possible, but due to limited fundraising ability of the past year, some proposals may only be offered partial funding, and we ask that all applicants understand the most possible per grant is $500 this FY.
* 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 **April 23rd,** applications are due and should be sent electronically to [MCSAC@vumc.org](mailto:MCSAC@vumc.org?subject=Grants)
   * Be sure to cc: [Tabbi.M.McKinney@vumc.org](mailto:Tabbi.M.McKinney@vumc.org?subject=Grants)
   * Please type “Grants” into Subject line of the email
2. By **May 11th**, the MCSAC Grants Committee will present its 2021 recommendations to the Council and begin notifying award recipients.
3. By **June 1st**, MCSAC will disburse grant funds to recipients via journal entry.

Post-Award Process:

1. When MCSAC funds a proposal, we kindly request 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 and provides an opportunity for our members to see that their hard work has a tangible impact in our community. MCSAC will notify each grant recipient of the specific process post-award.
2. In providing photos/video of your project, please exercise care and caution when the subject matter includes patients and other individuals, who may require a Consent Form, etc. If you do 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

**2021 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***: Unfortunately, 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)