

## Kids Care Grant Instructions

Each year a portion of the net proceeds from the Children's Miracle Network fundraising at Duke is allocated to the KIDS CARE Fund. This fund awards Kids Care Grants to support patient/family needs, child advocacy programs, entertainment and educational activities directed at the patients and families receiving care at Duke Children's.

Applications for Kids Care Grants are reviewed by the Kids Care Grant Committee composed of physicians, nurses, allied health personnel and administrators from the Duke Children's community. The charge to the Committee is to maximize the impact of the funds to insure that as many patients and families are benefited as possible. Special consideration is given to those meritorious applications for which there is no other obvious source of funding.

Kids Care Grants will be awarded for a period of one year. **The maximum amount of an individual grant must not exceed \$10,000.** Please note that Kids Care Grants do not support research projects, staff travel, marketing brochures, personnel, CME/Conference fees and patient care expenses. If you want to request funding for research projects, you can apply to the Children's Miracle Network Research Fund at Duke. Please contact Karen McClure for additional information about this process.

The deadline for applications for the next funding cycle for Kids Care Grants is midnight, April 30, 2010. Each application, including required budget, etc., must be submitted as a single electronic Word file document to Karen McClure (karen.mcclure@duke.edu). Multiple files will not be accepted and will be returned to the requestor; an electronic signature is permitted on the application form. Requestors must also delete the instructions page(s) before submitting the final grant application. If you have questions, please call Karen McClure at 667-2574.

Applications will be reviewed promptly, and the Committee's decisions will be communicated to all applicants.

### Post-Award Kids Care Grant Management

The responsible individual for the awarded applications should contact Holly Hering (919-668-4746) for directions regarding the transfer of dollars.

At the end of the funding period, the responsible individual must submit a report to the Kids Care Grant Committee that summarizes the accomplishments of the grant and details the amount of any unexpended funds. This report is important for several reasons, including acknowledging our donor support, developing future philanthropic efforts and for reporting to the Children's Miracle Network. If the responsible individual wishes to retain any unexpended funds, the responsible individual should include a request to use the remainder of the funds and the rationale for this request. The Kids Care Grant Committee will review this request. If the Committee feels that continuation of the project is not justified, the unexpended balance will be returned to the Kids Care Grant Fund for redistribution by the Committee at the subsequent funding cycle.

**Kids Care Grant Application  
Duke Children's Hospital**

(Revised March 2010)

<b>Project Title</b>
<b>Date of Submission</b>
<b>Responsible Person</b>
Division/Program
Telephone
Beeper
Email Address
Name of Paris Administrator
Email of Paris Administrator
Telephone of Paris Administrator
<b>Amount Requested</b>
<b>Project Period</b>
Begin Date
End Date
<b>Other Potential Funding Sources</b>
<b>Approval Signature</b> (e.g., Division Chief, Nurse Manager, Supervisor)

**Brief Description of Request:** Please include the rationale for the project, the target audience, and the benefits of the project/program. **Do Not Exceed Two Pages.** All applications must be accompanied by a budget submitted *within* the application document.

**Kids Care Grant Budget**

**Duke Children's Hospital**

(Revised March 2010)

**Project Title**

**Date of Submission**

**Type of Project** (Check all applicable)

- Advocacy
- Education
- Entertainment
- Patient Related

**Responsible Person**

- Division/Program
- Telephone
- Beeper
- Email Address

**Amount Requested**

**Project Period**

- Start Date
- End Date

**Category**

**Cost/Item**

**Number of Items**

**Amount**

**Supplies**

**Equipment**

**Entertainment**

**Other**

**Total Requested**