

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 Duke Children's Miracle Network Research Fund. Please contact Ms. Karen McClure for additional information about this process.

The deadline for applications for the next funding cycle for Kids Care Grants is midnight, March 16, 2009. The completed application as a Word document should be submitted to Karen McClure (mcclu002@mc.duke.edu). **All applications must be accompanied by a budget and be submitted as a single electronic Word document; please delete the instructions page before submitting the final grant application.** The signature page should be delivered or faxed to Ms. McClure at 667-0309. If you have questions, please call Ms. 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 Ms. 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 August 2008)

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

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.

Kids Care Grant Budget

Duke Children's Hospital

(Revised March 2007)

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
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Supplies

Equipment

Entertainment

Other

Total Requested

Signature of Responsible Individual: