

WISCPHR EDUCATION GRANT PROCEDURE

Wisconsin cardiovascular and pulmonary rehabilitation programs are invited to apply for grants to help provide funding for educational projects. Grants will be awarded for projects that promote, enhance, and influence professional and public information about cardiovascular and pulmonary diseases at the local level. The WISCPHR Regions are also encouraged to apply for Education Grants to offset professional educational costs. Successful Education Grants have been awarded for things such as:

- A smoking cessation program
- A cardiomyopathy community education event
- A professional asthma management education seminar
- A cardiac risk screening program
- A tai chi demonstration
- Numerous other community educational events

Each grant is limited to \$150 per project. Programs will not be awarded more than \$150 per calendar year even if applying for multiple grants during the year. Regional Education Grants will not exceed \$150 per region per year.

Grant Procedure

1. The application is to be made in the name of a current WISCPHR member. Please send the completed application (either online version or printable form) to the chairperson of the WISCPHR Education Committee.
Megan Justman (Megan.justman@ascension.org or Fax 262-687-8013).
2. Grants will be awarded only to offset the cost to provide community educational events or group professional education presentations.
 - a. Grants are intended for educational materials, promotional materials, and speaker or conference expenses for the event or presentation. (Food, door prizes, or staff salaries will not be funded.)
 - b. Grants are not intended for department equipment, audiovisual aids, or supplies used for regular cardiopulmonary rehabilitation patient care sessions.
 - c. Grants are not intended for conference or seminar registration fees for individual staff members.
2. Applications will be reviewed by the WISCPHR Education Committee and scored on: project effectiveness, promotion of cardiovascular and pulmonary disease education, creativity, other funding sources, promotion of WISCPHR, and membership in WISCPHR.
3. Notification of acceptance/rejection will be sent to the applicant. A check for the total grant awarded will be sent to the applicant with notification of approval. Grant recipients will agree to promote WISCPHR at their project/event.
4. Within one month of completion of the project, grant recipients must submit the Education Grant Report to the Education Committee chairperson. If expenses prove to be less than anticipated, the program will be expected to return the excess grant money to WISCPHR.

See Education Grant Application and Education Grant Report

WISCPHR EDUCATION GRANT APPLICATION
(Please refer to Grant Procedure)

PROGRAM NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

CONTACT PERSON (Must be a WISCPHR Member): _____

CHECK RECIPIENT (Hospital/Department or WISCPHR Member): _____

CHECK RECIPIENT ADDRESS (Hospital/Department or WISCPHR member): _____

CITY: _____ STATE: _____ ZIP: _____

PROJECT INFORMATION

Title of Event: _____

Date of Event: _____ Project Coordinator: _____

Brief Description of Event:

Please list the main objectives and expected outcomes of this event.

What is your budget for this project? (Please provide specific information for expenses and income.)

How much money are you requesting for this project? (Maximum allotment is \$150 per project. See Grant Procedure for more information.)

To be completed by the WISCPHR Education Committee

Date reviewed: _____ Approved: _____ Rejected: _____

Additional comments:

Updated 7/30/2007

WISCPHR EDUCATION GRANT REPORT
(Please refer to Grant Procedure. Submit within one month of event.)

PROGRAM NAME: _____

PHONE: _____ E-MAIL: _____

CONTACT PERSON: _____

PROJECT INFORMATION

Title of Event: _____

Date of Event: _____ Project Coordinator: _____

How was WISCPHR promoted at this project/event? _____

How many people attended or benefited from this event? _____

Please list the objectives and outcomes of this event.

Please provide an itemized list of expenses for this event.

How did you apply the WISCPHR Grant to these expenses?