12/28/23, 8:44 AM Print

SLCH Foundation Grant Application v2

Please complete the application in its entirety before submitting. Applications can be saved and completed at a later time as necessary. When completed, be sure to select "Submit." Applications left incomplete or unsubmitted will not be considered for funding. If you have any questions, please contact Desiree' Williams at 314.286.1545 or Desiree. Williams@bjc.org.

Contact Info

SLCH Foundation Grant Application (1-2 years)

Please complete the application in its entirety before submitting. Application can be saved and completed at a later time if necessary. When completed, be sure to select "Submit." Application left incomplete or unsubmitted will not be considered for funding. If you have any questions, please contact Desiree' Williams at 314.286.1545, or Desiree. Williams@bjc.org.

Contact Info	
Grant Recipient Name (Primary Investigator - PI):	John Robertson *
Grant Recipient Phone:	*
Grant Recipient Email:	·
Grant Recipient Title:	Philanthropy Officer *
Grant Recipient Department:	Foundation *
Is the Grant Recipient's Department where the Grant will reside?	Yes *
Grant Contact Name:	John Robertson *
Grant Contact Phone:	*
Grant Contact Email:	*
Grant Contact Title:	Philanthropy Officer *
Grant Contact Department:	Foundation *
Has your request been reviewed by a hospital Finance Partner?	No *
Finance Business Partner/Clinical Manager Email:	
Finance Business Partner (SLCH)/Clinical Manager (WU):	
Has your Senior Leadership (SLCH VP or WUSM Division Chief) reviewed and approved of your request prior to your submission?	Yes *

If you have questions about who the approver is for your department, please reference the chart below or visit our FAQs (https://www.stlouischildrens.org/grants)

Department/Service Line	Approver (Hospital)	Approver (WUSM)
Academic		Casey Pruitt, MD
Adolescent Medicine		Katie Plax, MD
Ambulatory/Outpatient	Tesh Jewell	Casey Pruitt, MD / Jason
Services		Newland, MD MEd
Anesthesiology		Dolores Njoku, MD
Asthma, Allergy, Pulmonary	Carrie Lee	Ronald (Ron) Rubenstein, MD PhD
Audiology/ENT/Otolaryngology	Tesh Jewell	David Leonard, MD MBBCh
Cardio Thoracic Surgery		Pirooz Eghtesady, MD PhD
Center for Families	Beverly (Bev) Brozanski, MD	
Child Health Advocacy and Outreach (CHAO)	Tesh Jewell	
Child Life Services	Tesh Jewell	
Dermatology		Susan Bayless, MD
Emergency Services	Carrie Lee	Kimberly Quayle, MD
Endocrinology	Carrie Lee	Ana Maria Arbelaez, MD MSCI
Facilities	Gary LaBlance	
Gastroenterology		Phillip Tarr, MD
Genetics		Patricia Dickson, MD
Gynecology		Holly Hoefgen, MD
The Heart Center/Cardiology	Carrie Lee	Andy Glatz, MD MSCE
Hematology/Oncology	Carrie Lee	Jorge Di Paola, MD
Hospitalist		Lisa Moscoso, MD PhD
Hospice (WINGS)	Michele McKee	Joan Rosenbaum, MD
Immunology/Rheumatology		Megan Cooper, MD PhD
Infectious Disease		David Hunstad, MD
Neonatal Intensive Care Unit	Carrie Lee	Barb Warner, MD MSc
(NICU)/Newborn Medicine		

12/28/23, 8:44 AM Print

Nephrology	Carrie Lee	Vikas Dharnidharka, MD
,		MPH
Neurosciences/ Neurology	Gary LaBlance	Christina Gurnett, MD PhD
Neurosurgery	Gary LaBlance	Jennifer Strahle, MD
Ophthalmology		Andrew Lee, MD
Pediatric Intensive Care Unit	Carrie Lee	Julie Bubeck-Wardenburg,
(PICU)/Critical Care		MD PhD
Plastic Surgery		Kamlesh Patel, MD
Psychology/Psychiatry	Carrie Lee	Cynthia Rogers, MD
Quality and Safety	Beverly Brozanski, MD	
Radiology	Tesh Jewell	Ting Tao, MD, PhD
Social Work & Chaplaincy	Tesh Jewell	
Surgery		Colin Martin, MD
Staff Education	Carrie Lee	
Therapy Services/ Orthopedics	Tesh Jewell	Lindley Wall, MD MSc
Transplant	Carrie Lee	Charles Canter, MD
Urology		Douglas Coplen, MD

Grant Approver Name:	*
Grant Approver Email:	•
Program Reguest Description	

rogram Request Description **Program Request Description**

Program Name:	Holiday Activities for Siblings of Inpatient Children	
Anticipated Program Start Date:	6/1/2024 *	
Anticipated Program End Date:	5/30/2025 *	

Please give a brief overview of the project/program. No more than 100 words.

Foundation will fill in the gaps not covered through various departmental budgets to provide holiday activities for various holidays throughout the year for siblings of inpatient children. Siblings are often inthe hospital with their parents due to lack of other childcare options, but resources aren't always available to provide them with activities for non-winter holidays.

How was the need for this program/project determined and how will this program/project respond to this need?

The need was identified through parent surveys, accounts of staff interactions with patient families, and information shared by several of the chaplains. We realized there is a gap in what our current fundingwill cover, as our typical budget for holiday activities was set several years ago and we haven't been able to get an increase approved. We will respond to the need by designating funds to purchasematerials and allocate staff time to provide holiday activities for siblings related to any and all holidays that are culturally and religiously appropriate. This includes provision of food, small gifts, garnes, itemsof festive clothing/decoration, and more.

Is there anyone	else in the	community	providing	а
similar service?		•		

I am not sure

Share the differentiators of this program/project. Is it the first? The only? Etc. (e.g., This is the only program of its kind in the Midwest? Where is the next closest pediatric hospital doing this work?)

We are unaware of any programs specifically providing holiday activities for siblings. Most provide these services for patients, but do not specifically provide them for siblings.

How many total (duplicated) patients and/or families will be served through this 300 program/project? Duplicated = Total # of times when services (visits/interactions/sessions) will be provided to patients/families. How many unique (unduplicated) patients and/or families will be served through this program/project 150.00 (if tracked)? Please list outcomes from the most recently N/A

completed year if applicable including the number of patients and/or families served. (if this is a pilot or new program/project, please type N/A)

Proposed Program/Project Goals

What are your Proposed Program/Project Goals? Specific and measurable. Enter up to 5 goals with a minimum of 2.

1. Provide 2 holiday activities for an estimated 150 patient siblings.

2. See average sibling satisfaction scores on the family post-discharge survey increase by a minimum of 10% from last year's average score (78% to 88%).

3. 5.

How will you meet your proposed goals? Please list specific actions you will take to achieve your goals.

12/28/23, 8:44 AM Print

1.) Provide culturally and/or religiously appropriate activities for siblings across departments, working with child life, the center for families, and other departmental unit staff to identify families needing 2.) Work with the appropriate staff across departments to ensure the post-discharge survey is provided, and followed up on to ensure completion. What tools will you use to evaluate/assess success? Sign-in sheets (e.g., track in Epic, pre and post surveys, Post-discharge survey assessment tools) Who are the specific team members responsible for John Robertson, Philanthropy Officer Frodo Baggins, Ring-Bearing Specialist Samwise Gamgee, Gardener the execution of this program? List their titles and qualifications. (e.g., Jane Smith, LCSW, Therapist) Describe the program/project's short and long-term sustainability plans. While still in the pilot phase, the program will need Foundation support, possibly for a few years. We are in talks with the International Center to see if they would be willing to partner with us in the futureand provide some dedicated funding via on of their federal contracts, but those discussions are still in the beginning phase. Describe any anticipated challenges with the Some culturally specific items may be difficult to source for holidays not as prevalent in the United States. program/project. Please list any awards, accolades or certifications that your department has received in the past year. Additional Program Attachments (please limit to 5 additional pages): **Financials Financials** Does this program/project have any opportunities No for reimbursement or earned revenue Is this program reimbursable to St. Louis Children's Nο **Hospital or Washington University? Department/Cost Center** Foundation How many purchases do you expect to expense 2 against this grant (supplies, materials, online purchases)? If known, please provide the funding source or N/A donor for this project/program: Do you anticipate operationalizing this Yes program/project into the hospital budget or it being self-supported within 3 years or less? Do you expect to request additional funding for this Yes initiative in the next three years? Is this request supporting salary? No Is this request supporting more than one individual? No (If ves, then please list specific number of FTEs in the budget narrative below) Is there any budget Item that is over \$25,000? (If No yes, then please be sure to give more details in the budget narrative below.) Total amount being requested: \$13,550.00 Total amount requested last year: \$0.00 Please explain the significance behind the variance This is a pilot. We did not request funds last year.

Budget

Budget

Summarize budgeted expense rounded to the nearest dollar

from the previous year's request:

Please provide a brief narrative on your budget request. List any FTEs, including position title, if salaries and benefits are requested, add additional details if "other" is requested and explain any line items over \$25,000.

If additional space is needed, please click here (https://www.stlouischildrens.org/sites/legacy/files/foundation/Program%20Budget%202024.xlsx) to download the budget template and upload a completed project budget below.

12/28/23, 8:44 AM Print

Expense Categories	A. Total Program Expenses (including operational or other philanthropic support from outside organizations)	B. Amount of Foundation funding requested	C. Comments (e.g. list number of FTEs and descript "other" as applicable, as well as provide additional any individual budget line item \$25,000+)
Salaries (provide details in comments)	\$20,000.00 *	\$0.00 *	.5 FTE coordinator
Benefits	\$5,000.00 *	\$0.00 *	.5 FTE coordinator benefits
Office Supplies/Program Administration	\$500.00 *	\$0.00 *	
Printed Materials	\$3,000.00 *	\$3,000.00 *	Flyers, handouts, signage, banners, etc.
Program Supplies	\$10,050.00 *	\$10,050.00 *	Gifts, food, decorations, toys, etc.
Staff Education	\$0.00 *	\$0.00 *	
Equipment	\$0.00 *	\$0.00 *	
Capital/Renovations	\$0.00 *	\$0.00 *	
Shipping Costs	\$500.00 *	\$500.00 *	Shipping for items purchased
Other (provide details in comments)	\$0.00 *	\$0.00 *	
Subtotal	\$39,050.00 *	\$13,550.00 *	
Indirect Costs/Admin Fees (WUSM Only)	\$0.00	\$0.00	
TOTAL	\$39,050.00 *	\$13,550.00 *	

WUSM Applications Only - Add 20% for Wet Lab Research, add 10% for all other requests.

ALL Applicants - Please verify that the total of Column B matches the Total listed on "Financials."