



ST. MARGARET
FOUNDATION

UPMC St. Margaret Grant Request Information Form

UPMC St. Margaret Department: _____ Date: _____

Primary Phone: _____ Fax: _____

Primary Contact (Name & Title): _____

Department Vice Pres./CNO or Designee Signature: _____

Have you ever applied for funding before? Yes No When was the last time? _____

What was the program? _____ Was it funded? Yes No

Please have the hospital president sign this request before it is submitted.

Hospital President Signature: _____ Date: _____

Grant Information

Project Title: _____

Purpose and Definition of Grant:

Benefit to UPMC St. Margaret and/or employee:

Please check which St. Margaret Foundation strategic area of focus for this grant proposal:

- Direct Patient Access
- Direct Patient Education
- Direct Patient Experience

Project Breakdown (anticipated costs and awards/project plan):

Projected Budget: _____ Amount Requested: _____

Project Start Date: _____ Project End Date: _____

Geographic Area: _____ Population Type: _____

St. Margaret Foundation ~ 815 Freeport Road ~ Pittsburgh, PA 15215 ~ Phone: 412-784-4215 ~ Fax:
412-784-4062