



## Capital Women in Philanthropy 2025 Grant Program Guidelines

### **Capital Women in Philanthropy:**

Established in 2007, Capital Women in Philanthropy (CWP) is a network of caring and dedicated women who share a strong commitment to the health and well-being of family, friends and community. Their generous giving plays a vital role to ensure that Capital Health fulfills our mission for improving and preserving the health and well-being of those we serve. The focus of the CWP Grant Program is to enhance existing programs and services, and to help launch quality initiatives that advance clinical care, education, research and outreach projects, and promote a superior patient- and family-centered environment.

**Grant applications are due by FRIDAY, SEPTEMBER 13, 2024.**

### **Grant Eligibility:**

Capital Health physicians, nurses and staff are eligible to submit funding requests to the CWP Grant Program. Applications **must be approved** by the respective Department Head / Manager and Capital Health Administrator prior to submission.

### **Awarding of Grants:**

Grant recipients will receive formal notification before February 1, 2025.

### **What the Capital Women Grant Committee looks for:**

There are a number of factors that the Grant Committee considers when reviewing applications. These include, but are not limited to:

- Organization and thoroughness of the proposal.
- Impact of the project, for which support is requested, on the issue or need to be addressed.
- Uniqueness of the request.
- Financial need: How critical is CWP funding to the proposed project?
- Project budget: Is it detailed and clearly outlined? Does it reflect the scope of the request?

**Please note:** *Grant monies **may not** be used to support salaries, non-patient related items, food purchases or operational expenses.*

### **Amount Requested:**

Grant requests may not exceed \$10,000. Grant funding not purposed by December 31, 2025 will be returned to the CWP Grant Program fund. Applications are invited from Capital Health employees noting two (2) applications per employee will be accepted for consideration.

### **Previously Awarded Grants:**

CWP grants support innovative, patient-centered projects and programs improving the health and well-being of our community. Past CWP grants have supported efforts such as a Community Baby Shower, 3 Front South Patient Library, Human Trafficking and the Healthcare Response, Improving Nutrition Outcomes in the Dialysis Patient, Promoting Health Across the Lifespan, Stop the Bleed Program, and Surgical Care Symposium.

Please return the signed application by **Friday, September 13, 2024** to the Foundation Office, Two Capital Way, Suite 361, Pennington, NJ 08534. For questions or additional information, please contact Heather Kearns-Latini with the Foundation Office at 801.4346 or [hkearnslatini@capitalhealth.org](mailto:hkearnslatini@capitalhealth.org).

# Capital Women in Philanthropy

## 2025 Grant Application

Project Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Title/Position \_\_\_\_\_

Department \_\_\_\_\_ Campus \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ (not to exceed \$10,000)

Nature of Request:  Program  Equipment  Other \_\_\_\_\_

Please complete **all** of the following sections using **no more than three (3) pages**. Completed applications will be accepted and reviewed for grant funding. Note, incomplete applications will be returned to the listed contact person. Reference materials may be attached.

**1. Project Funding Request Narrative:**

- Provide a brief description of the department/service and its role within Capital Health.
- Include a detailed explanation of the program/project and the needs or issues to be addressed.

**2. Impact:**

- Describe the target population for this request.
- What is the impact of this request on the population served by the program or project?
- How will the grant advance Capital Health's mission to improve and preserve the health and well-being of those we serve?
- What are the anticipated outcomes for the program or project? How will they be measured and monitored?

**3. Implementation:**

- Describe how the project plan will be implemented. Please list specific activities and include a timetable for meeting the objectives.

**4. Budget:**

- Provide a detailed, itemized budget. Include funding sources other than this grant request (in-kind donations, as well).
- If the request is for an ongoing program or project, what is the plan to sustain the initiative post CWP grant funding?

*Applications are invited from Capital Health employees noting two (2) applications per employee will be accepted for consideration.*

**Approved by:**

Please print and sign (required)

**Department Head/  
Manager**

\_\_\_\_\_

Print

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Capital Health  
Administration**

\_\_\_\_\_

Print

\_\_\_\_\_

Signature

\_\_\_\_\_

Date