
Quality Improvement Nutrition GRANT APPLICATION

Nestlé Health Science's Commitment to Nutrition Initiatives

ENact™ Quality Improvement Nutrition Grants support nutrition Quality Improvement (QI) projects addressing the delivery of enteral nutrition care to optimize patient outcomes while elevating the value of nutrition and nutrition champions in patient care.

Submission Instructions

1. Read the Grant Overview for detailed information regarding ENact QI Nutrition Grants
2. Complete the following forms:
 - Nutrition Quality Improvement Nutrition Grant Application
 - Proposed Project Budget
3. Attach:
 - Proposed protocol (if available)
 - Project Lead Curriculum Vitae
 - Letter from your facility stating their commitment to the project, agreement that the funds will go entirely to the project, that it will support staff in spending the necessary time on the project, and that it will consider the results in implementing protocols to improve quality of care and patient outcomes.
4. Address questions and submit completed materials to:

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Nestlé Health Science
1007 US Highway 202/206 – Bldg. JR2
Bridgewater, NJ 08807
Telephone: 908-333-9254
Fax : 866-546-3005
E-mail: ENact@us.nestle.com

Review Process and Timeline

Submissions will be reviewed by a panel of nutrition healthcare professionals who are considered to be QI experts, with representation from Nestlé's Medical Affairs Group. This panel will determine grant awards.

Submissions will be accepted on an ongoing basis. Submissions must be postmarked no later than 30 days before the Award Announcement Date. Applications received after this date will be held and considered for the next award period.

Award Announcement Dates:

November 30, 2018 (for grant funds provided in 2019)

Award recipients will be notified via email by the date noted above. Grants will be distributed following execution of a fully signed Letter of Agreement.

Completion of grant recipient's QI projects is required within 6–12 months of execution of a Letter of Agreement.

Please note that although your submission may fall within the criteria that we have outlined, due to limited funds, Nestlé will not be able to fund all qualifying nutrition QI grant requests. Decisions with respect to approval of any funding requests are in the sole discretion of Nestlé Health Science, and its decisions are final and binding in all respects.

Nutrition QI Support Request

(Tab to each section or place cursor on shaded area to type)

QI Nutrition Project Title

Institution or Facility Conducting Project

Payee (institution or facility name, address, phone, fax, email, tax ID # or attach a letter of determination that the payee qualifies for tax exempt status under Section 501(c)(3) of the US IRS Tax Code):

Grants may not be awarded to individuals, they must be awarded to the institution.

QI Project Team Lead/Contact Person (name, address, phone, fax, email)

Amount/Type of Support Requested (i.e., product support, monetary support, etc.)

Project/Change Team (list all members of your QI Project Team)

Name	Position	Role in QI Project

Are you using an ENact Toolkit or self-defining your project?

Using ENact Toolkit, specify:

Self-defined

Please describe how you will apply the Plan-Do-Study-Act Methodology

(you may submit the requested information below, on the QI Tool documents provided on the ENact™ website [<https://www.enactnutrition.com/learn.aspx>], or by providing other supplemental documents)

AIM Statement *(Please use attached AIM Statement template)*

PLAN: What location or population is the subject of this QI project?

DO: Specify when data collection will start and end.

STUDY: Explain how you plan to identify clinical and financial outcomes (or both).

ACT: Describe your plan for sharing the results with clinical leadership and hospital administration.

Detail your plans for collection of baseline data (provide a copy of the form to be used if developed at this time).

Please describe how you plan to sustain on an ongoing basis any actions identified and implemented resulting in improved patient care.

Proposed QI Project Budget Form

**Please Note: Grant funds cannot be used by a recipient institution to duplicate the salary of its employees or to compensate an individual healthcare provider for services provided to patients for which a payer, including any Government Healthcare Program, will be billed.*

PERSONAL COSTS

Name	Position	Time Commitment for QI Project Hours	Hourly Compensation Rate	Total Project Compensation	Total
Sub Total					

SUPPLIES

Sub Total					

PRODUCT

Sub Total					

OTHER EXPENSES

Sub Total					

TOTAL