ABOUT COPIC MEDICAL FOUNDATION

The COPIC Medical Foundation (CMF) is a 501(c)(3) organization that is part of the COPIC Family of Companies. CMF was created to provide charitable financial support to programs and initiatives that address health care issues. Since it was formed in 1991, the COPIC Medical Foundation has provided more than $11 million to improving patient care and medical outcomes. CMF has built a strong legacy over its 30-year history.

CMF works to improve health care outcomes through grant funding of:

▶ Programs and initiatives that improve patient safety and quality of care through education and training of health care professionals or through systems changes and improvements;

▶ Pilot programs that are designed to reduce medical errors; and

▶ Development and implementation of checklists and other tools to improve disease management and transitions in care.

Evolution of Grant Strategy

1991–2008
Strategy: Responsive grantmaking to address access to care and community-based needs.

2009–2017
Strategy: Responsive grantmaking to improve the delivery of health care.

2018–present
Strategy: Strategic responsive grantmaking to focus on patient safety and quality improvement initiatives.

Mission

To improve health care outcomes.

Values

■ *Collaborative*
We prioritize collaboration recognizing that the whole is greater than the sum of its parts.

■ *Results-Oriented*
We work with a specific, clear goal in-mind and focus our resources to achieve our intended results.

■ *Innovative*
We value ideas and ways of thinking that are new, novel and original. We prioritize concepts and approaches that renew or alter the way something has been done.

■ *Ethical*
Our organization is one that operates with key principles of morality at the forefront of our minds. These principles include: honesty, fairness, equality, dignity, and diversity.

Goal Statement

Be a catalyst in improving the quality of health care delivery by reducing adverse outcomes and supporting innovation.

2023 GRANT APPLICATION FORMAT

Criteria

To be considered for funding, organizations must meet the following minimum criteria:

1. Approach or program has demonstrated potential for uptake or replication by the health care community
2. Organization is designated as a 501(c)(3) organization or has an identified fiduciary

2023 Focus Area: Fragmentation Across Care Settings

As healthcare delivery grows more complex, with multiple provider settings for care delivery and telehealth, care fragmentation is a top patient safety concern because it can impede communication among a patient's providers and interfere with care coordination.

Breakdowns in care from a fragmented healthcare system can lead to readmissions, missed diagnoses, medication errors, delayed treatment, duplicative testing and procedures, and reduction in quality of care leading to general patient and provider dissatisfaction.

Fragmentation can occur from one provider setting to another, as well as within a healthcare facility from one unit or department to another. Systems-level structures and policies often play a role in reducing or propagating fragmentation and have a role to play in shaping the organizations within the system in how they work together.

Healthcare organizations must collaborate with each other and decide how to transfer information about patients they share. For example, health information technology can help providers share information about their patients. Organizations must devise strategies to "close the loop" and ensure that providers are aware of and address actionable patient information, such as test results.

~Modified from ECRI (www.ecri.org)

Important Dates

Grants are due to COPIC Medical Foundation by **January 13, 2023 by 5pm MT**. Applications can be emailed to: **mhintze@copic.com**. All applications and attachments should be submitted as one PDF with the subject line: **2023 CMF Grant Application**. For the 2023 grant cycle, CMF intends to grant up to a total of $650,000 to deserving programs and projects. Applicants can expect to hear from COPIC Medical Foundation regarding potential support by March 1, 2023.

Requirements

A. **Grant Application Overview**: Complete, sign, and submit the attached form.

B. **Cover Letter**: One page introduction tailored to address how your program/initiative addresses *Fragmentation Across Health Care Settings*

C. **Program/Project Budget**: Use attached form or your own template

D. **Logic Model**: Complete and attach "COPIC Medical Foundation Logic Model" form

E. **Narrative**: Preferred length is **not to exceed three pages**. Include the following information, as needed, but be sure not to be redundant or duplicative of the Logic Model. The narrative and logic model should be complimentary, not repetitive, and know that CMF will review them in tandem:

   1. **Purpose of Grant**

      a. Brief statement of the issue to be addressed and how it meets our focus area; description of constituency served (include number served); and target population. How will they benefit, and why is there is a demonstrated need to address this issue?

      b. Brief statement about what is novel or innovative about the approach

      c. Description of goals and objectives for the purpose of the grant

      d. Description of activities planned to accomplish these goals and timeline for implementation

    e.   Timetable for implementation (if for a specific program)

    f.   Any other organizations with whom you are collaborating

    g.   A list of other sources of funding for this project/program

    h.   Plans for sustainability, replication and integration of ideas/approach into the broader health care landscape

2. Plans for Evaluation

    a.   Expected qualitative and quantitative results during the funding period

    b.   How you will define and measure success

    c.   How will the project's results and lessons learned be used and/or disseminated

    d.   What can CMF do to support your work outside of monetary support

F.   Attachments: Please include the following:

1. Board of directors

2. Organization Information including the following:

    a.   Mission statement, brief statement of organization's goals and/or objectives

    b.   Brief summary of organization's history

3. Description of current programs, activities and accomplishments

4. List of names and qualifications of key staff

5. List of major contributors (and amounts) to organization/program (if applicable)

6. List of volunteer involvement and in-kind contributions

7. A copy of organization's (or fiduciary organization's) IRS determination letter indicating 501(c)(3) exempt status (dated within the last ten years); Please note: the name that appears on the 501(c)(3) MUST MATCH the name that appears on the check if your grant is funded.

8. Antidiscrimination statement adopted by board

9. Current organization budget

10. Most recent fiscal year-end financial statements (audited if available)

11. Annual report (if available)

Impact Report Deliverables

If funded, your organization will be expected to provide the following deliverables to COPIC Medical Foundation at the **end of your funding cycle**.

1. An executive summary

2. A short video presentation (3-5 minutes) that outlines the Executive Summary findings.

3. A short narrative

4. A budget report for grant

5. The most recent organization 990/Annual year-end financial report

2023 GRANT APPLICATION

Applicant: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Executive Director: _____

Contact Person (if different from Executive Director):

Name: _____   Title: _____

Phone: _____   Email: _____

Name of program/initiative/project to be funded and brief description of request:

_____

_____

_____

Total organization budget: _____   Last funding received from CMF (N/A, if never): _____

Program/Project budget: _____   Funding timeline: _____

Amount of request: _____   Geographic area/population served: _____

☐ *I acknowledge that grant funds may only be used for the purposes stated in this grant application. Any modifications need to be submitted in writing and approved by the COPIC Medical Foundation.*

_____   _____
Signature, President, Board of Directors   Date

_____   _____
Signature, Executive Director   Date

If above organization is not designated as a 501(c)(3) organization, please fill out the following fiduciary information.

Name of 501(c)(3) organization (acting as fiduciary for grant) as recognized by the IRS, include 501(c)(3):

_____

Address: _____

_____   _____
Signature, President, Board of Directors   Date

PROGRAM/PROJECT BUDGET

Organization Name: _____

Program/Project Name: _____

Program Costs:

Consultant/Staff?	Scope of work	Hours/Rate	Amount
			$
			$
			$
			$

Technology/IT costs (please describe):	
	$
	$
	$
	$
	$

Other costs (please describe):	
	$
	$
	$

Subtotal:	$

Indirect costs (not to exceed 10% of direct program costs):	$
Fiscal Sponsor Fee (not to exceed 10% and is capped at $5,000):	$

Total Grant Request	$

If applicable, please describe any in-kind support: