

# W. Martin Smith Interdisciplinary Patient Safety & Loss Prevention Awards

## Award Application Prep

Below are the Award Application questions. Fields that are required for submission are noted with an “\*”. When ready, complete your online application at the following link: <https://flbog.sip.ufl.edu/uf-w-martin-smith-safety-awards/>

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### **PROJECT TITLE\***

### **PRINCIPAL INVESTIGATOR INFORMATION**

- Name\*
- First
- Last
- Title\*
- Department\*
- UF Mailing Address\*
- Address Line 1
- Address Line 2
- City
- --- Select State --- State
- Zip Code
- UF Office Phone #
- Cell Phone #\*
- UF/UF Health Email\*
- Please Add Other Team Members Information (Name/Title/Department)

### **PROJECT DESCRIPTION**

- Project Overview\*
- Date Project to be Completed\*
- Describe how your project promotes patient safety improvements and the potential to reduce medical professional claims or litigation.\*
- Describe how UF Health faculty and staff (across departments and entities) will work together to accomplish stated project goal.\*
- Describe the project methodology and timeline.\*
- Describe how you will measure project success.\*
- Describe how you plan to share results in a broader peer-reviewed context, e.g., continuing education course, journal publication or presentation to local, national, or international forum.\*
- Optional: Add any additional information you would like the selection committee to consider that has not been previously addressed in this application.

## **BUDGET REQUEST**

- Total Amount Requested?\*
- COST PER BUDGET CATEGORY: The below amounts must equal the Total Amount Requested above.
  - Personnel - Consultants (\$)
  - Personnel - OPS/Temporary Staff (\$)
  - Personnel - Other (\$ and provide an explanation)
  - Expenses - Office Supplies (\$)
  - Expenses - Office Equipment (\$)
  - Expenses - Computer Supplies (\$)
  - Expenses - Postage/Mailings (\$)
  - Expenses - Printing (\$)
  - Travel - In-State (\$)
  - Travel - Out-of-State (\$)
  - Travel - Meals (\$)
  - Expenses - Miscellaneous (\$ and provide an explanation)
- BUDGET JUSTIFICATION: Describe each budget category (Personnel, Expenses, Travel) to its direct relationship to achieving stated project goals.\*

**NOTE: Award monies may not be used to support new FTE lines, existing FTE salaries, or ongoing expense commitments that extend beyond the award period. Proposed travel budget expenses to conferences should only be budgeted for purposes of poster or lecture presentations on completed project results with total amount restricted to \$5,000 or less.**

## **ACKNOWLEDGEMENTS**

- Attestation\*
  - Department Chair/Administrator or Hospital Leader is aware and in support of this submission. All applications must have this acknowledgement and support prior to submission.
- Principal Investigator (Note: A student cannot be listed as a PI)
- Principal Investigator - Date Completed\*
- Co-Investigator(s)
- Co-Investigator(s) - Date Completed

**NOTE: In the File Upload section below, Principal Investigator is to attach PI's CV and all other supporting documentation for this application.**