Good Samaritan Foundation
External Grant Request Summary Sheet
(Completed by requesting Department/Institute)

Contact Information:
Grant Requestor Name, Email, and Phone: Click here to enter text.
Manager/Director Name: Click here to enter text.
Department: Click here to enter text.
Cost Center Number: Click here to enter text.
Does your project/program align with your Department/Institute's goals and strategies as defined by leadership? ☐Yes ☐ No ☐Unsure

Does your project/program involve and/or directly affect another department? ☐Yes ☐ No
 If yes: Which department? Click here to enter text.
  Department contact name: Click here to enter text.
  Is the other department aware of this project/program and desire to pursue grant funding? ☐Yes ☐ No

Grant Opportunity Information:
Do you have a potential grant funder already identified? ☐Yes ☐ No

If yes: Potential grant funder's name: Click here to enter text.
  Proposal deadline: Click here to enter a date.
  Does the funder support indirect costs: ☐Yes ☐ No ☐Unsure
  Does the funder require matching funds: ☐Yes ☐ No ☐Unsure
  Funding period/grant duration: From Click here to enter a date. to Click here to enter a date.
  If there is a Request for Proposals (RFP), please attach

If no: Would you like assistance in searching for potential funders? ☐Yes ☐ No
Project Information:
Project Type: Click here to select from the drop-down list   If Other, please describe: Click here to enter text.
Project Description: • 1-2 sentence Project Summary: Click here to enter text.   • Need for the Project: Click here to enter text.   • Project Goals: Click here to enter text.   • Timeline for implementation (start and end date): From Click here to enter a date. to Click here to enter a date.   • Geographic focus (if applicable): Click here to enter text.   • Activities you will perform, and how often: Click here to enter text.   • What are the measurable outcomes you will track: Click here to enter text.   • What methods will you use to measure the outcomes listed above: Click here to enter text.   • Estimated number of people/patients/etc. you will impact: Click here to enter text.   • Has a budget already been developed? ☐Yes ☐ No ☐Unsure   • If a proposal is submitted and funding is awarded, who would be the Fund Administrator overseeing grant funds? Click here to enter text.   • If a proposal is submitted and funding is awarded, who would be the Project Manager overseeing the implementation of the grant? Click here to enter text.