



## 2020 Letter of Intent

---

Organization Name:

Project Title:

Contact Name:

Contact Title:

Address:

City:

State:

Zip Code:

Phone:

Email:

Total Project Cost: \$

Total Funds Requested: \$

Grant Period: \*

\*Grants will be considered for a period of 1, 2 or 3 years. Note that your funding request should cover the full amount you are requesting over the grant period and would be considered a single grant even though the time period to complete the work may be longer than one year.

---

The purpose of the Foundation is to support patient safety education for healthcare professionals in training and in practice, and patient safety research with clinically useful applications. With this in mind, we focus on projects/activities that develop knowledge, techniques, and tools whose application reduces or eliminates risk of adverse events that cause harm to patients while under care.

Please address the following (in no more than 2 pages, no smaller than 11 pt. font):

- Describe how your proposal aligns with the Foundation's stated purpose.
- Describe what makes your project innovative or what differentiates it and makes it better than the models or methods currently in use to improve patient safety.
- Describe how your dissemination plan will result in widespread use to improve patient safety across the healthcare community.
- Explain specifically how the cost of this project is justified by the improvement in patient safety that will result from implementation, and comment on whether the project can be implemented in other care settings where the associated costs also will be justified by the overall benefits.

*Letter of Intent is due by EOB on Monday, 3/9/2020. Send to: [apply@tdcfoundation.com](mailto:apply@tdcfoundation.com)*