

The LHAS Allocations/Distribution Committee will meet to review and recommend grant proposals to the LHAS Board of Directors. To qualify for these financial resources, applicants must meet specific criteria related to the LHAS mission: *LHAS delivers support with compassion for the educational, financial, and health needs of our diverse communities.* The LHAS Vision is: *To create and support programs that respond to the evolving needs of the community.*

Grants are not made to individuals, to underwrite salaries, fellowships or support capital campaigns. Projects are reviewed and awarded on an annual basis. An applicant may re-apply each year with a maximum of funding for three (3) consecutive years.

Applicants are requested to submit one (1) original and five (5) copies, as well as email a pdf version of the request to LHAS@upmc.edu

LHAS 2022 UPMC GRANT PROGRAM FORM

Applicant Information

1. Department Name and Number: _____
2. Name(s) of individuals and their title's making grant request:

- A. Main Contact Person: _____
- B. Office Mailing Address: _____

City	State	Zip
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- C. Email Address: _____
- D. Phone Number: _____
- E. Cost Center Number: _____

Project Information

1. Project Name: _____
2. Amount Requested: _____

Please attach the following:

- A. Summary of benefits or advantages this project will provide to UPMC and its patients.
- B. Budget summary (including cash flow projections)
- C. Brief description of project, including:
 - i. Description of Project
 - ii. Project Aims/Goals
 - iii. Project Timeline
 - iv. Expected Results
2. Are funds currently received for this project? Yes___ No___ (Please Explain)
3. Will funds be required from other sources (other grants, operations, fees, etc.)? Yes___ No___
4. If LHAS funds are not granted, what will happen to this project?
5. Will this project need additional funding (multi-year funding)? If so, for how long?
6. Have you received a grant from LHAS in the past? Yes___ No___
If yes: date, amount, project, number of individuals served, impact on the community and changes in program or project.
7. How do you plan on recognizing LHAS if awarded this grant?

Criteria for Awards:

- Demonstrated need for funding
- Number of beneficiaries

- Recognition of LHAS in all publicity and materials related to this grant
- Innovation and creativity
- Sustainability
- Project's contribution to the UPMC community in compliance with the LHAS mission & vision
- Final evaluation and expenditure reports will be required semi-annually

Signature_____

Printed Name_____ Date_____

APPLICATION DEADLINE: May 31, 2022

Five (5) copies must be submitted before close of business May 31, 2022.

Please mail application to:
LHAS UPMC Grant Committee
3459 Fifth Avenue, Suite N-709
Pittsburgh, PA 15213

Office Contact Information:
(412) 648-6106
ahas@upmc.edu
www.ahas.net

LHAS Diversity & Inclusion Statement

LHAS promotes respect and inclusion within its membership as well as within the organizations it services and supports. We recognize, accept and embrace individual and collective differences along the dimensions of race, ethnicity, socio-economic status, age, religious beliefs, political beliefs, or other ideologies that facilitate and celebrate the mission of LHAS.