

## IMPORTANT FUNDING ANNOUNCEMENT

Your organization or department is invited to submit funding proposals for the John C. Erkkila, M.D. Endowment for Health and Human Performance.

The endowment was created in November 1994 through a series of gifts by Mr. Ralph Hull of Monroe. The fund is based with the Good Samaritan Hospital Foundation in Corvallis, Oregon, and total assets of the fund currently exceed \$1.5 million. Individual grants of up to \$25,000 are awarded annually.

The application form and guidelines are attached to this announcement. Please read the guidelines carefully to ensure that your proposal meets the funding criteria.

NOTE: Proposals must be postmarked by the February 1, 2019 deadline to be eligible for funding. Applicants will be notified of funding decisions in May. Please call the Good Samaritan Hospital Foundation, (541) 768-6132, if you have questions.

**JOHN C. ERKKILA, M.D. ENDOWMENT FOR  
HEALTH AND HUMAN PERFORMANCE  
APPLICATION FORM AND GUIDELINES**

**BACKGROUND/PURPOSE**

The John C. Erkkila, M.D. Endowment for Health and Human Performance was established in November 1994 through funds donated to the Good Samaritan Hospital Foundation by Mr. Ralph Hull of Monroe. The endowment stipulates that 90 percent of the interest earnings be distributed each year, with the remaining 10 percent added to endowment principal.

The purpose of the fund is to support programs/projects that enhance human function and performance through clinical research, rehabilitation, and/or prevention.

Additional gifts to the Erkkila Endowment can be made through the Good Samaritan Hospital Foundation, 815 NW 9<sup>th</sup> Street, Suite 136 Corvallis, OR 97330.

**FUNDING GUIDELINES**

Funding decisions are made on an annual basis by a committee chaired by John C. Erkkila, M.D. In order to be considered for funding, proposals must meet the following guidelines:

- Be submitted by a health care provider or institution of higher education in Good Samaritan Regional Medical Center's service area (Benton, Linn or Lincoln counties).
- Focus on enhancement of human function and performance.
- Demonstrate the potential to benefit a broad cross-section of the community.
- Involve clinical research, rehabilitation, and/or prevention (as it relates to enhancing human performance/function).
- Receive approval by proposer's Institutional Review Board (if applicable) **prior to** consideration for an Erkkila grant (approximately 30 days after application deadline). This applies to projects which involve the use of medical equipment, current or past patients, and/or medical records.
- Funds for travel to accomplish the goals of the program/project may be included in these requests. Funds are not provided for travel to conferences and meetings.
- Requests may include funds for supplies, equipment, and salaries.
- Funding requests should not exceed \$25,000, including estimated overhead (which is limited to 15 percent).

- Grant recipients will be expected to submit a progress report to the selection committee every six months and a final report within six months of the grant's conclusion. Grant recipients may also receive a site visit from a committee member. Awards are for duration of one year.

## EVALUATION CRITERIA

Each proposal will be evaluated on the following criteria (not listed in order of importance):

- Clearly-documented need for program/service
- Measurable outcomes/results
- Local relevance
- Feasibility in relation to time and budget proposal
- Matching funds or the potential of further financial support

JOHN C. ERKKILA, M.D. ENDOWMENT FOR  
HEALTH AND HUMAN PERFORMANCE

APPLICATION

1. Title of Program/Project (please limit to 80 characters):

2. Principal Applicant: Name \_\_\_\_\_ Title  
\_\_\_\_\_ Department \_\_\_\_\_  
Organization \_\_\_\_\_ Address  
\_\_\_\_\_ Phone  
\_\_\_\_\_ Fax \_\_\_\_\_

3. Total Amount Requested: \_\_\_\_\_

4. Provide a concise description of the program/project objectives and the need the program/project addresses:

5. Describe additional financial support (if any) for the project detailed in this application.

6. Describe plans for support of this project once the grant funds are spent.

On additional sheets include:

7. A detailed description of the research/program/project, including methodology/organization (not more than five pages, double spaced).
8. Personal data/resume of principal applicant.
9. Budget.

Awards are made for up to one year and can begin at any time during the year. Budget should be separated according to calendar year.

	First year	Subsequent year(s)
Salaries/benefits		
Services/supplies		
Travel		
Equipment		
Overhead (limited to 15% of total amount requested)		
Other (please specify)		

Please itemize and justify the requested budget below:

\_\_\_\_\_  
Principal Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor (if applicable)

\_\_\_\_\_  
Date

**Please submit eight copies of the completed application by February 1, 2019 to:**

Erkkila Endowment Committee  
Good Samaritan Hospital Foundation  
815 NW 9<sup>th</sup> Street, Suite 136  
Corvallis, OR 97330