

# Arizona Telemedicine Program

## Equipment Grant Application

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In order to support the dissemination of mobile telehealth (mHealth) the Arizona Telemedicine Program has established an Equipment Grant Program that supports the acquisition of telemedicine/telehealth enabling-equipment, such as tablets, smart phones, google glasses, etc. The goal is to encourage innovations in healthcare delivery benefiting rural communities and potentially addressing issues in health care disparities. The intent is to support innovations in patient service.

Project proposals are reviewed throughout the year, although early application is strongly encouraged. Proposals will be competitively reviewed. Only fully completed forms will be considered for support. The majority of these small grants are \$2,500 or less.

**Instructions:** *Please read the guidance notes carefully before completing this form.*

Please answer all of the questions in the form, focusing on the impact your project will have in the community. You may include additional relevant information if you do not have enough space on this form. Keep a copy of your completed application for your records.

**Completed application forms and a current curriculum vitae should be sent via e-mail to:**

[kerps@telemedicine.arizona.edu](mailto:kerps@telemedicine.arizona.edu) or **mail to:**

Kristine A. Erps, Grant Program Manager  
Arizona Telemedicine Program  
University of Arizona  
PO Box 245105  
Tucson, AZ 85724

### SECTION 1 – ORGANIZATIONAL INFORMATION

1. Title of Project: \_\_\_\_\_
2. Contact Name: \_\_\_\_\_
3. Title: \_\_\_\_\_
4. Department: \_\_\_\_\_
5. E-mail: \_\_\_\_\_
6. Phone: \_\_\_\_\_
7. Fax: \_\_\_\_\_

## SECTION 2 – PROJECT DESCRIPTION

**Please tell us about your project** (*up to 500 words*)

Include:

- What are the goals of your project? What are the anticipated outcomes?
- How will the project be significant for your medical practice?
- Who is the main target audience? (i.e., doctors, nurses, patients, etc.)
- Who are the stakeholders? (i.e., doctors, students, patients, etc.)
- Are public outreach components planned?

Type or paste your project narrative in this space.

**Why are you specifically requesting Arizona Telemedicine Program (ATP) assistance for this project? (i.e., streamlining a current telemedicine service or exploring a new telemedicine application)**

Type or paste your response in this space.

**When will your project start?** \_\_\_\_\_

**How long will the project last?** \_\_\_\_\_

### SECTION 3 – PROJECT BUDGET

How much will your project cost?

Item or activity	Cost	Requested Amount

What other sources of funding have you identified for this project?

In Cash:

In Kind:

\_\_\_\_\_

I understand that if funded, I will use the funds as stated above and report back to the Arizona Telemedicine Program on my outcomes and/or conclusions. The report can be in the form of a 500 word summary and is due within one year of the completion of the project.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY

Project funded for \$\_\_\_\_\_ by \_\_\_\_\_  
Ronald S. Weinstein, M.D. Director

Project not funded because \_\_\_\_\_

\_\_\_\_\_