

Jenny Kitsen Patient Safety Award Program Information and Application

GRANT PURPOSE

The Jenny Kitsen Patient Safety Award was established in 2013 by the Network of New England Board of Directors to continue the patient safety work of the nonprofit organization led by Jenny Kitsen. That organization held the CMS contract for ESRD Network 1 for thirty-five years, from 1977-2012. The Network staff, patients and professional volunteers who supported Network activities made a number of innovative contributions to the ESRD Network Program. Under Ms. Kitsen's direction, with the Board guidance, the New England Network organization became known for its leadership in patient safety.

The American Association of Kidney Patients has accepted an endowment from the Network of New England Board of Directors to honor Jenny Kitsen through an annual lecture, activity, or program that will advance patient safety by exploring innovation in health systems management.

ELIGIBILITY GUIDELINES

Who May Apply

The following organizations are eligible to apply for the grant:

- 501(c)(3) and 501(c)(6) organizations as determined by the Internal Revenue Service (IRS) under Section 170 of the U.S. Code
- Public and government agencies, organizations and institutions

Who May Not Apply

The American Association of Kidney Patients (AAKP) will not consider grant requests from:

- Individuals
- Political or lobbying organizations
- Fraternal, athletic or social organizations
- Religious organizations for religious purposes
- Private foundations
- Organizations located outside the United States
- Organizations that discriminate against others based on age, race, ethnicity, religious-preference, sexual-orientation, physical and mental abilities, etc.



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The Independent Voice of Kidney Patients Since 1969™

Eligible Expenses

The Jenny Kitsen Patient Safety Award may be used to support the planning, development and execution of a lecture, activity, or program that aims to advance patient safety.

APPLICATION GUIDELINES

Please read the application guidelines carefully and complete the application in its entirety; incomplete applications will not be eligible for consideration. Applicants are welcome to include any additional supporting material that in their judgment will enhance the grant submission.

1. The deadline for grant applications for the 2019-2020 grant cycle is **November 29, 2019**. Partial or incomplete grant applications are not accepted. Applicants will be notified of decisions no later than January 1.

2. Eligible applicants may submit their request to AAKP via mail to:

**Jenny Kitsen Patient Safety Award
American Association of Kidney Patients
14440 Bruce B. Downs Blvd.
Tampa, FL 33613**

Or by email to ekahle@aakp.org

3. Eligible applicants may submit a request up to \$5,000.
4. Only one grant request per applicant is allowable within a grant cycle.
5. The submitted activity must occur with the grant cycle year.
6. AAKP has the right to modify or extend grant periods based on the quality of submissions and availability of funding.
7. AAKP may award more than one grant per grant cycle (at a maximum of \$5,000 per grant cycle).
8. Previous recipients of this grant may submit again in subsequent grant cycles, as long as they continue to meet the eligibility requirements.
9. Recipients of this grant must provide acknowledgement of AAKP and the Jenny Kitsen Patient Safety Award following the program's title and on promotional materials and publicity created regarding the program; including press releases, program books, advertising, signage, etc.
10. To ensure the integrity of the grant, AAKP reserves the right to approve all printed materials referencing AAKP and/or the Jenny Kitsen Patient Safety Award.

APPLICATION

PERSONAL INFORMATION

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

State: _____ Zip code: _____

Phone Number: _____ E-mail: _____

LECTURE INFORMATION

Program Delivery Method: _____

Program Location (City, State): _____

Name of Venue: _____

Program Date: _____

Program Time: _____

Expected Number of Participants: _____

Expected Audience (patient, caregiver, health care professional, etc.) _____

Will this program be approved for continuing education credits? Yes or No

Please provide a summary of the activity to be delivered:

List the objectives of the patient safety activity:

List the creator(s)/speaker(s) with credentials and provide a copy of their curriculum vitae:

Will this activity be evaluated by the participants? If so, please provide a copy of the evaluation tool and please provide a copy of the outcomes post program.

BUDGET

A copy of the budget showing how requested funds will be used is required.