

Project Director _____
Typed Name Date Signature

Department Head _____
Typed Name Date Signature

Medical Center CFO _____
Typed Name Date Signature

Medical Center Administrator _____
Typed Name Date Signature

Review and Approval: *LSU HCSD*

Check box if applicable:

SP Coordinator _____
Typed Name Date Signature

Planning Section Director _____
Typed Name Date Signature

Chief Medical Officer _____
Typed Name Date Signature

Comptroller _____
Typed Name Date Signature

Reimbursements Director _____
Typed Name Date Signature

Budget Director _____
Typed Name Date Signature

Chief Executive Officer _____
Typed Name Date Signature

Other _____
Typed Name Date Signature

HCS D Grant Application Reviewer Questions

Programmatic:

1. Does the sponsored project support the role, scope, and mission of the hospital and the Division?
2. Can the hospital fully meet program expectations?
3. Can the hospital accommodate program data reporting requirements?
4. Is the proposed provision of services attainable?
5. Will the community residents and providers served by the sponsored project be supportive of the project?

6. Is this project likely to result in positive reportable programmatic outcomes?
7. Can the scope of work required under the project be carried out in the amount of time promised to the sponsoring agency?

Clinical:

1. Do the proposed services help achieve the goals established by the HCET? HCET's mission is: To measure and improve the quality and value of care delivered to the patients and populations served by the LSU Health Care Services Division.
2. Is there adequate clinical staff identified to provide quality patient care?
3. Is this project likely to result in positive reportable programmatic outcomes?

Fiscal:

1. Does the sponsored project have a reasonable and justifiable budget?
2. Does the Return on Investment analysis yield a positive return, so that revenues cover expenses or cost savings result?
3. Does this sponsored project necessitate the purchase of supplies and/or equipment, and if so, have all applicable procurement policies and procedures been considered?
4. Does this sponsored project necessitate travel, and if so, have all applicable travel policies and procedures been considered?
5. Upon implementation, will separate accounts need to be established to segregate revenues and expenditures for the grant funds?
6. Will the data by the grant be readily available for fiscal reports?
7. Are time and effort logs to be used for grant staff?
8. Are all in-kind costs specifically identified and traceable?
9. Are indirect costs funded by the grant?
10. Do the grant timelines allow adequate time for required state financial procedures such as bidding and hiring practices?
11. Will the grant payment methods create any cash flow problems for HCSD?
12. If the grant includes the purchase of equipment costing \$5,000 or more, does the grantor retain ownership?

Cost Reporting:

1. Will the expenses for the project be backed out of the HCSD cost report and if so, do new revenues cover expenses or cost savings result?
2. Is adequate match available and identifiable to support the grant?
3. Has an ROI been completed (see supporting documents)?

Human Resources:

1. Are the staff positions budgeted at an HCSD comparable rate of pay?
2. Do the job descriptions (including qualifications) meet the standards required by HCSD and Civil Service?
3. Is the compensation in accordance with the number of hours of work expected from staff?
4. Are the staff prepared to complete the time and effort log?
5. Are contracted employees anticipated, and if so, what is the justification?