Quality Improvement (QI) Project Proposal Summary Data Form

Title of QI Project Proposal

Name and credentials of Project Coordinator

Amount of funding requested

If awarded, QI grant funds should be dispersed to:

Institution or Agency  Individual Project Coordinator

Federal Id #       Social Security #

*Please check the box that indicates your preferred mailing address (home or place of employment).*

Home Address

City       State       Zip Code

Home Telephone Number      

Place of Employment

Address

City       State       Zip Code

Work Telephone Number

Preferred Email Address

Professional Title

Licensed registered nurse numbers and states

Institution where QI project will be conducted

Address

Name and title of administrative officer of the institution

Institution Telephone Number

Name and credentials of co-coordinator(s) *if applicable*