

Capital Women in Philanthropy 2026 Grant Program Guidelines

Capital Women in Philanthropy:

Established in 2007, Capital Women in Philanthropy (CWP) is a network of caring and dedicated individuals who share a strong commitment to the health and well-being of family, friends, and community. Their generous giving plays a vital role to ensure that Capital Health fulfills our mission for improving and preserving the health and well-being of those we serve. The focus of the CWP Grant Program is to enhance existing programs and services, and to help launch quality initiatives that advance clinical care, education, research, and outreach projects, and promote a superior patient- and family-centered environment.

Grant applications are due by FRIDAY, AUGUST 1, 2025. Grant applications extended to FRIDAY, SEPTEMBER 19, 2025.

Grant Eligibility:

Capital Health physicians, nurses and staff are eligible to submit funding requests to the CWP Grant Program. Applications are invited from Capital Health employees, noting two (2) applications per employee will be accepted for consideration. Applications **must be approved** by the respective Department Head / Manager and Capital Health Administrator prior to submission.

Awarding of Grants:

Grant recipients will receive formal notification before February 1, 2026.

What the Capital Women Grant Committee looks for:

There are a number of factors that the Grant Committee considers when reviewing applications. These include, but are not limited to:

- Organization and thoroughness of the proposal.
- Impact of the project, for which support is requested, on the issue or need to be addressed.
- Uniqueness of the request.
- Financial need: How critical is CWP funding to the proposed project?
- Project budget: Is it detailed and clearly outlined? Does it reflect the scope of the request?

<u>Please note</u>: Grant monies <u>may not be used</u> to support salaries, non-patient related items, food purchases / catering or operational expenses. Requests that are repeated from previous years are discouraged. Alternate funding sources should be explored.

Amount Requested:

Grant requests may not exceed \$10,000. Grant funding not purposed by December 31, 2026, will be returned to the CWP Grant Program fund.

Previously Awarded Grants:

CWP grants support innovative, patient-centered projects and programs improving the health and well-being of our community. Past CWP grants have supported efforts such as a Community Baby Shower, Anti Vaping Education, 3 Front South Patient Library, Human Trafficking and the Healthcare Response, Improving Nutrition Outcomes in the Dialysis Patient, Promoting Health Across the Lifespan, Reach Out & Read - New Jersey, Stop the Bleed Program, and Surgical Care Symposium.

Please return the signed application by <u>Friday, September 19, 2025</u>, to the Foundation Office, Two Capital Way, Suite 361, Pennington, NJ 08534. For questions or additional information, please contact Heather Kearns-Latini with the Foundation Office at 801.4346 or hkearnslatini@capitalhealth.org.

Capital Women in Philanthropy 2026 Grant Application

Project Name					
Contact Person		Title/Position			
Department		Campus			
Telephone		Email			
Amount Requested \$	5	(not to exceed \$10,000)			
Nature of Request: (□ Program □ Equipme	nt 🗖 Other			
will be accepted and recontact person. Refere	eviewed for grant funding. nce materials may be attac	ng no more than three (3) pages . Com Note, incomplete applications will be a ched. Please type application .			
Provide a beginningInclude an exampleImpact:Define in define	executive summary of the presentable the scope of the progr	• •			
What is theHow will the being of theWhat are th	e grant advance Capital He ose we serve?	request. The population served by the program calth's mission to improve and preserver the program or project? How will the	e the health and well-		
timetable fo		implemented. Please list specific activi	ties and include a		
donations, a	as well). st is for an ongoing progra	nclude funding sources other than this			
		noting two (2) applications per employee will be ac oes not imply you will receive funding in another y			
Approved by: Please print and sign (r		rse the proposed grant application*			
Department Head/ Manager Capital Health	Print	Signature	 Date		

Signature

Date

Print

Administration



Project Name

Capital Women in Philanthropy 2026 Grant Application

Please complete **all** of the following sections. Completed applications will be accepted and reviewed for grant funding. Note, incomplete applications will be returned to the listed contact person. Reference materials may be attached. **Please type application**.

 PROJECT FUNDING REQUEST NARRATIVE: Provide a brief description of the department/service and its role within Capital Health.
 Include an executive summary of the program/project and the needs or issues to be addressed.

2	18	ΛР		~	г.
_	111	<i>/</i> P	-		

• Define in detail the scope of the program/project.

• Describe the target population for this request.

IMP.

ACT (Continued
•	What is the impact of this request on the population served by the program or project?
•	How will the grant advance Capital Health's mission to improve and preserve the health and well-
	being of those we serve?
•	What are the anticipated outcomes for the program or project? How will they be measured,
	monitored, and reported?

3. Implementation:

• Describe how the project plan will be implemented. Please list specific activities and include a timetable for meeting the objectives.

4.	Bu-	dget: Provide a detailed, itemized budget. Include funding sources other than this grant request (in-kind donations, as well).
	•	If the request is for an ongoing program or project, what is the plan to sustain the initiative post CWP grant funding?
Αμ	pplica	ations are invited from Capital Health employees, noting two (2) applications per employee will be accepted for consideration.