Capital Women in Philanthropy
2027 Grant Program

Capital Women in Philanthropy:

Established in 2007, Capital Women in Philanthropy (CWP) is a network of compassionate and dedicated women who share a deep commitment to the health and well-being of their families, friends, and community. Through their generosity and leadership, members play a vital role in helping ensure that Capital Health fulfills its mission of improving and preserving the health and well-being of those we serve.

The CWP Grant Program focuses on enhancing existing programs and services, while also helping to launch innovative, patient-centered initiatives. Since its inception in 2007, CWP has awarded more than $827,000 across 165 projects, advancing health and well-being throughout the region.

Particular emphasis is placed on projects that demonstrate creativity and forward-thinking approaches to care delivery. Grants support initiatives that advance clinical care, education, research, and community outreach, while also encouraging the development or enhancement of programs that strengthen hospitality, service excellence, and customer-centered methodologies across the health system.

Through these efforts, CWP seeks to elevate the patient and family experience and foster a welcoming, compassionate, and high-quality environment for all those who receive care at Capital Health.

Grant applications are due FRIDAY, SEPTEMBER 11, 2026.

Grant Eligibility:
Capital Health physicians, nurses, and staff are eligible to submit up to two (2) funding requests to the CWP Grant Program. Applications **must be approved** by the respective Department Head and Senior Leader prior to submission.

Awarding of Grants:
Grant recipients will receive formal notification before January 15, 2027.

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.
- Does this idea or program already exist, or are the materials requested already supplied?
- 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?

Please note: *Grant monies may **not** be used to support salaries, non-patient-related items, food purchases, or any and all items deemed operational expenses.*

Amount Requested:
Grant requests may not exceed $10,000. Grant funding not purposed by December 31, 2027, will be returned to the CWP Grant Program fund. Applications are invited from Capital Health employees, noting that two (2) applications per employee will be accepted for consideration.

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, 3 Front South Patient Library, Human Trafficking and the Healthcare Response, Improving Nutrition Outcomes in the Dialysis Patient, Promoting Health Across the Lifespan, Stop the Bleed Program, and Surgical Care Symposium.

Please return the signed application by **Friday, September 11, 2026,** to the Foundation Office located at Two Capital Way, Suite 361, Pennington, NJ 08534. For questions or additional information, please contact Jasmine Wilker with the Foundation Office at 609-303-4121 or jwilker@capitalhealth.org.

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2027 Grant Program Application

Project Name_____

Contact Person_____ Title/Position_____

Department_____ Campus_____

Telephone_____ Email_____

Amount Requested $_____ (not to exceed $10,000)

Nature of Request: ❒ Program ❒ Equipment ❒ Other_____

Please type your answers to complete **all** of the following sections. Only completed applications will be accepted and reviewed for grant funding. Please note that incomplete applications will be returned to the listed contact person. Reference materials may be attached separately.

1. **Project Funding Request Narrative:**
   - Provide a brief description of the department/service and its role within Capital Health.
   - Include a detailed explanation of the program/project and the needs or issues to be addressed.
2. **Impact:**
   - Describe the target population for this request.
   - 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 and monitored?
3. **Implementation:**
   - Describe how the project plan will be implemented. Please list specific activities and include a timetable for meeting the objectives.
4. **Budget:**
   - Provide a detailed, itemized budget. Include funding sources other than this grant request, including 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?

Applications are invited from Capital Health employees, noting that two (2) applications per employee will be accepted for consideration.

Approved by:
Please print and sign (required)

Department Head/ Manager _____ (Print) _____ (Signature) _____ (Date)

Capital Health Senior Leader _____ (Print) _____ (Signature) _____ (Date)

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Please type your answers below to complete **all** of the following sections. Only completed applications will be accepted and reviewed for grant funding. *Please note that incomplete applications will be returned to the listed contact person.* Reference materials may be attached separately.

Project Name_____

1. **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. **IMPACT:**
   - Define in detail the scope of the program/project.

   - Describe the target population for this request.

IMPACT 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. **BUDGET:**
   - 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?

Applications are invited from Capital Health employees, noting two (2) applications per employee will be accepted for consideration. Please note: Funding in one year does