In order to support the dissemination of mobile telehealth (mHealth) the Arizona Telemedicine Program has established an Equipment Grant Program that supports the acquisition of telemedicine/telehealth enabling-equipment, such as tablets, smart phones, google glasses, etc. The goal is to encourage innovations in healthcare delivery benefiting rural communities and potentially addressing issues in health care disparities.

Project proposals are reviewed throughout the year, although early application is strongly encouraged. Proposals will be competitively reviewed. Only fully completed forms will be considered for support. The majority of these small grants are $2,500 or less.

**Instructions:** Please read the guidance notes carefully before completing this form.

Please answer all of the questions in the form, focusing on the impact your project will have in the community. You may include additional relevant information if you do not have enough space on this form. Keep a copy of your completed application for your records.

**Completed application forms should be sent via e-mail to:** kerps@telemedicine.arizona.edu
**or mail to:**
Kristine A. Erps, Grant Program Manager
Arizona Telemedicine Program
University of Arizona
PO Box 245105
Tucson, AZ 85724

**SECTION 1 – ORGANIZATIONAL INFORMATION**

1. Title of Project: ________________________________________________________________
2. Contact Name: _________________________________________________________________
3. Title: _________________________________________________________________________
4. Department: ___________________________________________________________________
5. E-mail: _______________________________________________________________________
6. Phone: _______________________________________________________________________
7. Fax: _________________________________________________________________________
**SECTION 2 – PROJECT DESCRIPTION**

Please tell us about your project

<table>
<thead>
<tr>
<th>Background:</th>
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<tbody>
<tr>
<td><strong>Aim:</strong></td>
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<tr>
<td><strong>Proposed Hypotheses:</strong></td>
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<td><strong>Methods:</strong></td>
<td></td>
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<td><strong>Why this equipment was specifically chosen:</strong></td>
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<tr>
<td><strong>Target Population:</strong></td>
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<td><strong>Significance:</strong></td>
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</tbody>
</table>

Why are you specifically requesting Arizona Telemedicine Program (ATP) assistance for this project? (i.e., streamlining a current telemedicine service or exploring a new telemedicine application)

Type or paste your response in this space.
When will your project start? ___________________________________________________________

How long will the project last? _______________________________________________________

**SECTION 3 – PROJECT BUDGET**

How much will your project cost?

<table>
<thead>
<tr>
<th>Item or activity</th>
<th>Cost</th>
<th>Requested Amount</th>
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<tbody>
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What other sources of funding have you identified for this project?

In Cash:

In Kind:

________________________________________________________________________

I understand that if funded, I will use the funds as stated above and report back to the Arizona Telemedicine Program on my outcomes and/or conclusions. The report can be in the form of a 500 word summary and is due within one year of the completion of the project.

______________________________
Print Name

______________________________  ________________________________
Signature                     Date

**FOR OFFICE USE ONLY**

Project funded for $_______________ by ________________________________

Ronald S. Weinstein, M.D. Director

Project not funded because ____________________________________________

________________________________________________________________________