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**2026-2028 GRANT CYCLE APPLICATION**

**Indiana University Health**

**Values Fund for the Integration of**

**Spiritual and Religious Dimensions in Healthcare**

**1. FACE SHEET**

**Project Director:**

Name:

Department:

Mailing Address:

Phone:       Fax:       Email:

**Which of the following apply to you?** (You must fit at least one category to be eligible.)

      IU Health Employee       Member of IU Health Medical Staff       Holds an Official IU Health Appointment

**Title of Proposal:**

**Location of Work:**

**Budget Period:** (Not to exceed 24 months) 7/1/2026 to

**Amount Requested:** (Up to $50,000 per year or $10,000 total for small projects.)

First Year:       Second Year:

**Project Director Statement**

I certify that all information contained in the application is accurate and true to the best of my knowledge. I also understand that if I am awarded an IU Health Values Grant, I will be asked to submit Progress Reports once a year to the IU Health Evans Center Review Board. I will also be required to present at one IU Health Evans Center Colloquium during the duration of the award.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Indiana University Signing Official Signature**

This is needed only if the grant is submitted by Indiana University on behalf of an IU Faculty Member. If the grant is submitted through an IU Health Department, leave blank.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. KEY PROFESSIONAL PERSONNEL ENGAGED IN PROJECT**

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| --- | --- | --- |
| **Name** | **Position & Title** | **Department** |
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**3. ABSTRACT OF VALUES PLAN:** State the application’s long-term objectives and specific aims, making reference to the spiritual or religious dimensions of the project, and describe the process for achieving these goals. Avoid summaries of past accomplishments and the use of the first person. The abstract is meant to serve as a succinct and accurate description of the proposed work when separate from the application. (Limit 1/2 page.)

**Introduction:**

**Plan:**

**Measurement and/or Outcomes of the Project:**

**4. DETAILED BUDGET**

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| --- |
| **DETAILED BUDGET FOR GRANT PERIOD #1**  FROM       THROUGH       |
| **PERSONNEL** | **TIME/EFFORT** | **AMOUNT REQUESTED** |
| **Name** | **Position &Title** | **%** | **Hours/Week** | **Salary** | **Fringe Benefits** | **TOTAL** |
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| **Subtotal Year # 1** |  |  |  |

**CONSULTATION COSTS:**

**EDUCATIONAL MATERIALS:**

**SUPPLIES:**

**OTHER EXPENSES:**

**ADDITIONAL SOURCES OF FUNDING:**

**TOTAL DIRECT COSTS FOR YEAR #1:**

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| **DETAILED BUDGET FOR GRANT PERIOD #2**  FROM       THROUGH       |
| **PERSONNEL** | **TIME/EFFORT** | **AMOUNT REQUESTED** |
| **Name** | **Position &Title** | **%** | **Hours/Week** | **Salary** | **Fringe Benefits** | **TOTAL** |
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| **Subtotal Year # 2** |  |  |  |

**CONSULTATION COSTS:**

**EDUCATIONAL MATERIALS:**

**SUPPLIES:**

**OTHER EXPENSES:**

**ADDITIONAL SOURCES OF FUNDING:**

**TOTAL DIRECT COSTS FOR YEAR #2:**

**5. BUDGET JUSTIFICATION** (1 page or less):

**6. PROJECT PLAN** (Not to exceed 12 pages):

Include Sections A-H as described in the instructions.

**7. CITED REFERENCES**

**8. BIOGRAPHICAL SKETCH** (Limit 5 pages per person):

A current Curriculum Vita or an NIH biosketch may be attached. Include for all Key Personnel. The NIH Biosketch form and instructions are available online at: <https://grants.nih.gov/grants/forms/biosketch.htm>

**9. APPENDIX** (Limit 15 pages):

May include surveys or other instruments used for evaluation of outcomes, letters of support or other materials that support the application. (Do not include information that is otherwise available online such as published manuscripts.)