GUIDELINES FOR SUBMISSION OF FUNDING REQUEST TO LOUISIANA HEALTH WORKS COMMISSION – SIMULATION MEDICAL TRAINING AND EDUCATION COUCIL FOR LOUISIANA 2024-2025

1. ENTITY MAKING REQUEST

2. PROJECT REQUEST CONTACT

- A. Name
- B. Title
- C. Affiliation
- D. Phone
- E. Email
- F. Mailing Address

3. DATE OF SUBMISSION

4. PROJECT TITLE

5. **PURPOSE**

Explain the purpose of the project. Include:

- A. Any related past or current projects which support the need for the requested project.
- B. Explain how this project addresses healthcare workforce needs using simulation to train healthcare professionals or mentoring through exposure to the healthcare profession for the State of Louisiana.

6. EXPECTED OUTCOMES

Describe the desired outcomes of the project. Include:

- A. How the outcomes support the purposes of the Commission/Simulation Council.
- B. The needs/growth of the healthcare workforce in Louisiana.

7. TIMELINE

What is the expected timeframe of the project? (The part of the project supported by state funds cannot extend beyond June 30, 2025.)

8. BUDGET

Include a budget for the project, to include major categories (personnel salary and benefits, consultants, supplies, operating expenses, meeting expenses, travel, marketing/advertising, printed materials, website, etc.). *Budget funds CANNOT be used to purchase equipment*.

Proposals must be submitted electronically to Michelle Demeulenaere (<u>michelle.demeulenaere@laregents.edu</u>) no later than Friday, September 27, 2024.