



P.O. Box 35070  
Louisville, KY 40232-5070  
502-629-8025

October 16, 2014

Jerry Wyman  
Jefferson County Public Schools  
Athletics Office  
3332 Newburg Road  
Louisville, KY 40218

Dear Mr. Wyman:

I am pleased to confirm that Norton Healthcare has approved the James R. Petersdorf Grant request listed below. Please reference this grant number in all correspondence.

<u>Grant #</u>	<u>Description</u>
2014-7	JCPS Football Concussion Prevention, Assessment and Treatment

<u>Amount</u>
\$150,000.00 (Year 1 - \$105,000; Year 2 - \$45,000)

In accepting this grant, you agree to abide by the Guidelines and intention of the grant. Enclosed is a copy of those guidelines. Please review them carefully and note the following item in particular.

- One report is required each year (January 31) for the previous twelve-month reporting period. Failure to report may result in suspension and will be a factor in the review process should you apply for grants in the future. This report form is enclosed, and it is your responsibility to send in grant reports to meet these deadlines – you will not receive additional grant report reminders. At the end of the grant period a full accounting of all expenditures must be certified by the grantee.

Please indicate your acceptance of the grant and acknowledgement of the guidelines by signing a copy of this letter and returning it to me at Norton Healthcare, 4967 U.S. Hwy 42, Suite 100, Louisville, KY 40222 or by emailing a scanned copy to [laura.chandler@nortonhealthcare.org](mailto:laura.chandler@nortonhealthcare.org). Please call me at 420-2228 if you have any questions.

Sincerely,

Accepted:

*Laura Chandler*

Laura Chandler  
Norton Healthcare

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**NORTON  
HEALTHCARE**

## **GUIDELINES FOR APPLICATION**

*The James R. Petersdorf Fund is a board restricted fund used to further the mission of Norton Healthcare and includes provisions for education, research, workforce development, community health and technology or equipment innovation.*

*June 2013*

*Please read Guidelines carefully.*

### **GUIDELINES**

The Applicant acknowledges that he/she has read and understands these guidelines and agrees to the conditions herein. Please retain this copy for your files and return the signed acknowledgment section of your application.

### **APPLICATIONS**

Applications will be accepted only from officers of Norton Healthcare as a source of funding for special initiatives.

All requests for funding must be submitted using the Norton Healthcare James R. Petersdorf Fund Application for Funding. Complete each section and respond to all questions; if not applicable, indicate "n/a" in the space provided. All blanks must be completed. The following detail should be completed and submitted with the application. **If the application is not complete, it will not be considered for funding.**

#### **Item 1 - Detailed Project Description**

Should be in the form of a project plan and should cover the following: introduction, background and significance, specific aims, action plan, and any literature cited. Explain how you will define success.

#### **Item 2 – Outcomes and Benefits**

Should clearly define the objectives.

#### **Item 5 - Need for Sustaining Funds**

Any application for program seed money, which would presumably require sustaining funds upon completion of the project, or for a project that would be ongoing should explicitly specify the proposed source for sustaining funds.

#### **Item 7 - Summary Budget Proposal**

Should provide total expenses by category and year with total funding that would come from other sources. **If funded, any changes to the original budget must be submitted in writing to the Fund office.**

#### **Detailed Budget Proposal**

Should provide a detailed accounting of expenses within each category. All expenses over \$500 must be itemized. Full justification must be provided on each expense item in excess of \$500. **Copy and attach a separate sheet for each budget year.** Overhead costs will not be considered for funding.

#### **Item 7 – Collaborators**

Information must be submitted on all individuals serving as collaborators on the project. Information requested includes name, institution or organization affiliation and position or title. **In addition, the role and scope of the collaborator(s) must be clearly defined.**

### **CRITERIA**

- 1) Grants will be made to advance initiatives that are aligned with or a direct part of the Norton Healthcare strategic plan. Funds will be granted for education, research, workforce development, community health (including prevention and/or outreach services), and/or technology or equipment of a special nature (e.g., new, innovative or experimental).
- 2) Grants will normally be one-time, non-recurring funding - not for continued annual funding as an alternative to operating expenses. However, a grant may be approved for a multi-year payout, but generally will not be for more than a four-year term. Payment of annual installments in such cases may be contingent on review for compliance with conditions/criteria of the grant.
- 3) Grants may be used for "seed money" for programs, research initiatives, etc. Sources of continued funding must be well delineated prior to approval of a grant from the Norton Healthcare.
  - a) Requests for a second grant for research may be considered if the grantee can document significant progress toward identified/targeted outcomes outlined in the initial application and if there is documented expectation/promise of future external funding if progress continues.
  - b) Even though the source of future funding is not guaranteed, requests for seed money for physician recruitment may be considered in very select cases where there is an emergent community need or other Norton Healthcare strategic priority.
- 4) In normal circumstances, grants will not be made for endowments or "brick and mortar" initiatives. The only exception would be in cases of new technology or other extraordinary projects.
- 5) No applications will be accepted directly from physicians, individuals, or organizations. Any physician, executive or other individual/organization (internal or external) that wishes to request funds must engage an appropriate Norton executive to sponsor and recommend the request for funding.

#### **GRANTEE ACCOUNTABILITY**

Typed progress reports for the previous twelve months are required from the recipient on January 31 of each year and are to be submitted to Norton Healthcare. A full accounting of all expenditures must be certified by the recipient at the end of the grant. **Failure to comply with this requirement will result in any residual funds being withdrawn and returned to the Fund. These grant holders may also be rendered ineligible for future grants and will not be eligible for future grants until all reporting requirements of prior grants have been met.**

The progress reports will be reviewed, and the results of the review will be considered in future requests to the fund. **A final report must be submitted to the Norton Healthcare upon completion of the grant and must include a complete inventory of all equipment.**

#### **PUBLIC ACKNOWLEDGMENT**

The recipient must agree to participate in public acknowledgment of grants received and to acknowledge the Norton Healthcare in all publications forthcoming as a result of this project. The applicant agrees to acknowledge in all visual (videos/movies/television/Internet presentations, etc.), printed and verbal communications (audio tape/radio/speech/presentations, etc.) the following:

***This (describe) was provided by a grant from Norton Healthcare, Louisville, Kentucky.  
(or otherwise agreed upon Norton Healthcare department, hospital, service line or foundation, as defined in the grant letter.)***

#### **PURCHASING PROCEDURES**

All equipment purchased with grant funds is the property of Norton Healthcare, Inc., and must be purchased in accordance with established purchasing guidelines. The recipient must inform the Fund Office of the whereabouts of all such equipment.

#### **PURCHASE OF EQUIPMENT**

Equipment purchased through a grant must carry appropriate signage recognizing the contributor, as designated in the grant letter.

**OWNERSHIP**

Norton Healthcare reserves the right to assume possession of equipment purchased with grant funds following the completion of the project. In addition, grant funds are for the benefit of the Norton Healthcare community and, as such, are not transferable. In the event a grant holder leaves the community, any unused grant funds will automatically revert to the Fund. In the event the grant holder is a Norton Healthcare employee and is terminated, any unused grant funds will automatically revert to the Fund.

**MULTI-INSTITUTIONAL STUDIES**

Norton Healthcare will consider funding multi-institutional studies if there is a defined local benefit and a provision for recognition of funders.

**RESPONSIBILITY FOR RESEARCH**

The recipient recognizes that he or she, and not Norton Healthcare or its affiliates, are responsible for the conduct of a research project. Therefore, Norton Healthcare and its affiliates, shall not be held responsible for any liability arising from or related to the conduct or direction of the research project.

**APPLICATION IS PUBLIC PROPERTY**

Norton Healthcare reserves the right to publish or make any other advertising, marketing, or public relations use of all or any part of any application or report that is submitted by any applicant. Therefore, the application should consider carefully the inclusion of any patentable subject matter or proprietary information in the application, as the application will not be treated as confidential and may be disclosed to the public.

**PRODUCT DEVELOPMENT**

Should any product be developed as a result of the research set forth in an application, the Applicant agrees not to sell, license, or commercially exploit that product without entering into an agreement with Norton Healthcare, Inc. **The policy on Patents and Commercial Rights is available upon request from the Office of the Fund.**

**DELIBERATIONS OF REVIEWERS AND TRUSTEES**

All deliberations of the Trustees and others involved in the grant process are confidential and final.

**ADDRESS**

Please mail two copies of completed application materials, including attachments, to:

Administrator  
Norton Healthcare  
P. O. Box 950183  
Louisville KY 40295-0183

*For questions regarding the Guidelines or the completion of the Application, please contact:*

*Laura Chandler  
System Director of Special Projects  
(502) 420-2228  
E-mail: [Laura.Chandler@nortonhealthcare.org](mailto:Laura.Chandler@nortonhealthcare.org)*



**NORTON**  
HEALTHCARE

**James R. Petersdorf Fund**  
**Application for Funding**

*Please refer to the Guidelines for direction in the grant application process*

**NOTE:** If required reports on previous grant activity are not current, no further grants will be made. If a grant is made, reports must be made according to Guidelines or subsequent funds will not be granted.

Date 09/30/14 This project should be considered:    Adult: ☐    Research ☐    Education ☐  
(Please check only two boxes)    Pediatric: X    Workforce ☐    Technology ☐  
Community Health X    Other ☐

**Project Title:** JCPS Football Concussion Prevention, Assessment & Treatment

<b>Total Grant Request</b>	<u>\$150,000.00</u>	<b>Total # of years for this grant request:</b>
<b>Funding from other sources</b>	+ \$ 90,000.00	1 year <input type="checkbox"/> 2 years X
<b>Total required to complete project</b>	= <u>\$ 240,000.00</u>	3 years <input type="checkbox"/> 3+ years <input type="checkbox"/>

**Norton Healthcare Executive Sponsor:** Dr. Steve Hester

**Hospital/Service line/Department:** Norton Neurology Services

**Mailing Address**    3991 Dutchmans Ln., Ste. 310

**Phone:** 502-899-6782

**Fax:** 502-899-6783

**E-mail:** tad.seifert@nortonhealthcare.org

**Partner(s) in application (\*organizations or individuals):** KORT, Jefferson County Public Schools

**Employer(s)** \_\_\_\_\_

**Federal Tax I.D. # of any organization receiving benefit from this grant** 61-

6001316

**Tax Status:** \_\_\_\_\_

**Medical Staff Partner Affiliation (if applicable)** \_\_\_\_\_

**Medical Staff Status (if applicable)** \_\_\_\_\_

**Medical Specialty (if applicable)** \_\_\_\_\_

**Collaborators (if any)** \_\_\_\_\_

**University-related applications will be administered according to the University procedure**

**University appointment:**

Yes ☐ No X Type \_\_\_\_\_

**Is this a vertebrate animals study?**  
**Is this a human study?**

Yes ☐ No ☒

IACUC Project # \_\_\_\_\_  
Human Studies Project # \_\_\_\_\_

**Project Title: JCPS Football Concussion Prevention & Treatment**

**1. Provide a Detailed Project Description:** This important community benefit project is intended to protect, diagnose, and treat JCPS student athletes from concussions and other sports-related injuries. It is comprised of three elements.

- 1. Partial funding to hire three full-time athletic trainers who will be assigned to Shawnee, Western, and Fairdale High Schools. The trainers will serve all student athletes at the schools. Norton Healthcare, KORT Physical Therapy, and JCPS will jointly fund this initiative, each providing \$15,000 per trainer for two years. Norton Healthcare is being asked to contribute \$45,000 per year for two years, for a total of \$90,000.**
- 2. \$20,000 is being sought to fund baseline concussion testing for all JCPS high school and middle school football players, plus all other contact sports, as designated by JCPS administration.**
- 3. Funding for the purchase of 235 football helmets. The safety of football helmets is rated on a five-star scale, with five being the best and one being the worst. The ratings equate to best available (5-star), very good (4-star), good (3-star), adequate (2-star), marginal (1-star), and not recommended (no star awarded). A recent review of JCPS athletic equipment found numerous helmets that were rated 2-stars and below. This funding will replace those helmets with 235 helmets that are rated at the 4-star level.**

**2. What are the expected outcomes and benefits of this project to the Norton Healthcare community? Please describe in 50 words or less in a way that can be understood by the general public**

**The purpose of this project is the protection and treatment of student athletes from concussions and other sports-related injuries. By equipping athletes with quality, safe helmets; providing baseline concussion testing; and funding certified athletic trainers to assist in the prevention, assessment and treatment of injuries, Norton Healthcare is once again demonstrating its commitment to the health and safety of the children in this community.**

**3. If approvals from outside sources are required, have you requested those approvals? Yes ☐ or No ☐**

**From whom have you requested approvals? \_\_\_\_\_**

**Have you received approvals? Yes ☐ or No ☐**

**From whom have your received approvals? \_\_\_\_\_**

**4. Have the Applicant or Partners received any previous grant(s) from the James R. Petersdorf Fund (formerly the Norton Healthcare Community Trust Fund, Alliant Community Trust Fund, or NKC Community Trust Fund)? Yes X or No ☐. If yes, respond to the following for each grant.**

**a. What grant number, what years, and for what purpose? Grant Number: 2014-3; Year: 2014; Purpose: The Investigation of S-100B as a Biomarker for Concussion in a NCAA Division I Football Program; Amount: \$25,000.00**

**b. Has the project been completed? Yes ☐ or No X. If yes, what were the outcomes? If no, please give a brief description.**

**c. List below other funding received or applied for with regard to previous grants.**

**Grants Received**

**Grants Applied For**

**5. List additional funding received or applied for with regard to this proposal.**

**Grants Applied For**

**Grants Received**

**6. How will this program continue at the end of the grant period? With proper season end maintenance, each purchased helmet will have a useful life of 10 years. JCPS will coordinate the conditioning of all district helmets, including the ones purchased through this grant. As the remaining helmets in the district lose their useful life, JCPS will replace them with an appropriate "star" ranking.**

**Each of three athletic trainers will be supported through our operations budget at the conclusion of the two year grant. This will be similar to the other 10 trainers that we support within JCPS.**

**The grant will provide imPACT baseline concussion testing for two years to JCPS, after which time, Norton Sports Health will work with JCPS to further the program.**

**7. Complete the Budget, Additional Funding and Collaborator forms and sign the last sheet.**

**SUMMARY BUDGET FOR ENTIRE PROPOSED PERIOD OF SUPPORT**  
**DIRECT COSTS ONLY**

**Project Title:** JCPS Football Concussion Prevention, Assessment & Treatment

**Budget information must be complete for application to be considered for funding.**

BUDGET CATERGORIES	FUNDS REQUESTED FROM JRP Fund			TOTAL REQUESTED FROM JRP Fund	OTHER SOURCES OF FUNDING
	Year 1	Year 2 (If applicable)	Year 3 (If applicable)		
Personnel Costs	\$45,000.00 (hiring of 3 certified athletic trainers at \$15,000 each)	\$45,000.00 (hiring of 3 certified athletic trainers at \$15,000 each)		\$90,000.00	\$90,000 (JCPS) \$90,000 (KORT Physical Therapy)
Supplies	\$40,000.00 (235 4-star football helmets at approx. \$165 each)			\$40,000.00	
Services	\$20,000.00 (baseline concussion testing for 10,000 athletes at \$2 per test)			\$20,000.00	
Travel					
Capital Equipment					
Other					
<b>TOTAL DIRECT COSTS</b>				<b>\$150,000.00</b>	

**In-Kind Services**    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

**Please explain** \_\_\_\_\_

**Are matching or supplemental funds available for this grant?**    ☐ Yes    ☒ No

**Will the applicant accept partial funding?**    ☒ Yes    ☐ No

**Project Title JCPS Football Concussion Prevention, Assessment & Treatment**

6

**DETAILED BUDGET PROPOSAL (continued)**

**Project Title JCPS Football Concussion Prevention, Assessment & Treatment**

<b>TRAVEL</b> <u><b>Detail</b></u>  <u><b>Justification</b></u>	<u><b>Amount</b></u>
<b>CAPITAL EQUIPMENT</b> <u><b>Detail</b></u>  <u><b>Justification</b></u>	<u><b>Amount</b></u>
<b>OTHER</b> <u><b>Detail</b></u>  <u><b>Justification</b></u>	<u><b>Amount</b></u>
<b>TOTAL DIRECT COSTS FOR BUDGET PERIOD</b>	

## SOURCES OF ADDITIONAL FUNDING

Project Title JCPS Football Concussion Prevention, Assessment & Treatment

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Are you currently receiving, or expecting to receive, compensation (including salaries) from any other source for this project? ☐ Yes ☒ No. If yes, please give a brief explanation.

*If any additional source of funding is required to complete this project, please indicate where such funding will be obtained. Please include sources and amounts, whether funding is anticipated (and when) or already secured. Also, please indicate any restrictions on the other funding (uses, timing, etc.) which could affect the project.*

## COLLABORATOR ROLE & SCOPE

**Project Title JCPS Football Concussion Prevention, Assessment & Treatment**

**Please complete the following information on all individuals collaborating on this project.**

<b>Name of Collaborator</b>	<b>Institution or Organization Affiliation</b>	<b>Position or Title</b>	<b>Role and Scope in Project</b>
<i>Jerry Wyman</i>	<i>Jefferson County Public School System</i>	<i>Director of Activities and Athletics</i>	<i>Partial funding for hiring three certified athletic trainers</i>
<i>Jason Chambers</i>	<i>KORT</i>	<i>President</i>	<i>Partial funding for hiring three certified athletic trainers</i>

**Applicant, please read the following and sign below:**

*"I understand that by accepting a grant from the Norton Healthcare James R. Petersdorf Fund, I agree to fulfill all the requirements expected of recipients, including the requirements and commitments described in the Guidelines for Application to the Norton Healthcare James R. Petersdorf Fund. Failure on my part to meet those requirements may jeopardize future grant requests and may result in automatic suspension of my remaining grant funds."*

**Signature** \_\_\_\_\_

Date \_\_\_\_\_

◆ ◆ ◆ ◆ ◆

**Please mail two copies of completed application materials, including attachments, to:**

**Administrator  
Norton Healthcare James R. Petersdorf Fund  
P. O. Box 950183  
Louisville KY 40295-0183**

***For questions regarding the completion of this application, please call:***

***Laura Chandler, System Director of Special Projects***  
***(502) 420-2228***  
***E-mail: [Laura.Chandler@nortonhealthcare.org](mailto:Laura.Chandler@nortonhealthcare.org)***

3/31/99