2020 DENIS A. RADEFELD, M.D. HUMANITARIAN AWARD INSTRUCTIONS

Applications accepted from Monday, February 24th through Friday, March 20th

Mercy Health Foundation Lorain is proud to honor Dr. Radefeld through this special humanitarian award. This award will provide a Mercy Health employee with up to two (2) weeks paid leave as well as a stipend for qualified expenses to participate in a mission project/trip that provides direct medical care to the poor and underserved. This award is not restricted to clinical staff; however, applicants must demonstrate they will be involved in providing direct medical care. Applicants may be invited to make a personal presentation to the committee. This award may be taxable as regular income.

Instructions:

• Type or fill out the application in ink (PRINT CLEARLY). Do not write in pencil. Answer every question.
• Mail or personally deliver application packet to Mercy Health Foundation Lorain, 360 Cleveland Ave., Amherst, Ohio 44001. (Applications will not be accepted via e-mail or fax). Mailed application packets must be received by the application deadline. Application Deadline: March 20, 2020
• It is your responsibility to ensure that the application packet is complete. Incomplete applications will NOT be accepted.

In addition to this form, the Application Packet must contain:

1. Letters of Support: Two (2) letters of support: one (1) letter of support from your immediate department supervisor and one (1) letter of support from another individual at your discretion.

2. Written Description of Project: Must be typed. A written description of the project, including objectives, historical perspective and statistics (i.e., numbers served, measured outcomes, etc.). Your motivation and personal history of involvement should also be included in the project description.

3. Recent photograph

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2020 DENIS A. RADEFELD M.D. HUMANITARIAN AWARD CRITERIA / GUIDELINES

This award provides a Mercy Health associate up to two (2) weeks paid leave as well as a stipend to be used toward qualified expenses to participate in a project providing direct care to the poor and underserved.

• Applicant must have at least five (5) years of service with the Organization.
• The project must be approved as providing direct care for the poor and underserved and be consistent with the mission and values of Mercy Health.
• This award is not restricted to clinical staff; however, applicants must demonstrate they will be involved in providing direct care.
• Proposed expenses to be covered by the stipend shall be limited to room, meals and travel directly related to the project. Clothing and personal equipment do not qualify and will not be considered for expenses.

Mail applications to Mercy Health Foundation Lorain – 360 Cleveland Ave.; Amherst, OH 44001
Should you have any questions regarding this application, please contact Mercy Health Foundation Lorain at (440) 960-3545.

Application format, review criteria and award determinations set by Mercy Health Foundation Lorain will be final and binding.
2020 DENIS A. RADEFELD, M.D. HUMANITARIAN AWARD APPLICATION

Applications accepted from February 24, 2020 to March 20, 2020

Employee Name: _______________________________ Credentials: ______________

Title: ___________________________ Department: ___________________________ Ext.: ________

Employment Status:  □ Full-Time   □ Part-Time   □ PRN   Shift: ___________________________

Length of Service: ________ Years _________ Months (NOTE: Include LCH / SJH service time)

Home Address: __________________________________ City: ___________________ Zip: ________

Phone: _______________________________ Email: ______________________________________

MISSION PROJECT

Proposed Project:
The project must be approved prior to applicant screening.

Project Name: ____________________________________________

Sponsoring Organization: __________________________________

Organization Contact Person: ________________________________ Phone: _______________________

Date(s) of Project Service Delivery: ___________________________

Location of Project Service Delivery: __________________________

Proposed Expenses:
Expenses, which may be covered by the award, include room, meals, and travel directly related to the project. Clothing and personal equipment do not qualify as expenses.

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Total Request $ __________

I grant Mercy Health Foundation Lorain permission to use my photograph in any brochures, advertisement, publications, etc.

Applicant’s Signature: _______________________________ Date: __________________

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