

EMPOWER360° XR GRANT APPLICATION

Applicant Information

First Name: _____ Last Name: _____

Date: _____ Title: _____

Organization: _____

Phone: _____ Email: _____

Grant Details: Please mark all that apply

Patient Engagement Surgical Planning Research Intra-Operative

**A maximum of \$50,000 per grant will be awarded. The funds for the grant are donated by Surgical Theater to Empower360 Foundation. Additionally, in support of the grant, Surgical Theater will also donate XR equipment for up to 24 months, plus 20 hours of remote support as applicable.

Scope

Please provide a 12-month timeline with 5 deliverables and milestones. Each of these should include a percentage of the funds that will then be paid upon completion of each milestone.

	Timeline	Milestones	Deliverables
1.			
2.			
3.			
4.			
5.			

For more information, please reach out to Vera Scavo at veruzka.scavo@empower360foundation.org

Visit www.empower360foundation.org

Empower360° is a member of The Giving Back Fund's Family of Charities

EIN: 04-3367888



THE GIVING BACK FUND