



QI Project Milk Grant Application 2023

Have a Donor Milk Wishlist? Let's Make it Happen!

Mid-Atlantic Mothers' Milk Bank is pleased to release the 2023 grant application to request discounted donor milk to explore ways to improve outcomes for infant and families in our service region. This year, we are able to offer a total of 15,000 ounces of discounted pasteurized donor milk for use in quality improvement projects and other initiatives. This milk will be purchased at a 60% discount- \$6 per 100ml bottle / \$11 per 200ml bottle, not including shipping.

Who Can Apply?

Hospitals that use Mid-Atlantic Mother's Milk Bank for their primary donor milk needs and facilities that host Mid-Atlantic Mothers' Milk Bank Dispensaries.

Conditions

- Facilities can apply for up to 5000 total discounted ounces
- The discounted milk can only be used for the project
- Projects must serve a population that is not currently included in the hospital's criteria
- Projects must aim to improve patient care, increase maternal breastfeeding success rates, or alleviate equity issues
- Projects can be for inpatient or outpatient use
- Projects must start on or before April 1, 2023 and be completed within 6 months
- A short mid project report along with a follow-up report are requested

How to Apply

Use the attached application.

Application Deadline

Applications which meet criteria will be approved on a rolling basis until January 13, 2023 or until the 15,000 ounces is accounted for, whichever comes first.

What Type of Projects Can These Be?

The purpose of the grants is to help you improve outcomes and breastfeeding success rates at your facility. 2022 awardees used the grant discounts to begin programs for a variety of populations including newborns with hypoglycemia or NAS along with other term or near term baby usage.



2023 Milk Grant Request

Applications are due by January 13, 2023. Email requests to info@midatlanticmilkbank.org and include "Milk Grant App" in the subject line.

Name of Hospital or Dispensary: _____

Project Title: _____

Population Served: _____

Start Date: _____ End Date: _____

Estimated Total Number of Recipients: _____

Age/Gestational Age Range: _____

Estimated total amount of milk to be used: _____ oz / ml

Brief Description of the Project (may attach separate sheet for this and the following questions):

Goals of the Project: _____

How will outcomes be measured? _____

Additional information or comments: _____

Contact Info

Name: _____

Title: _____

Email: _____

Phone: _____

All requests must be reviewed and approved by the Medical Advisory Board of Mid-Atlantic Mothers' Milk Bank. Applications will be considered on a rolling basis until January 13, 2023 or until 15,000 ounces of donor milk has been accounted for, whichever comes first. To ask questions or to submit an application, email us at info@midatlanticmilkbank.org.