

About Copic Medical Foundation

The Copic Medical Foundation (CMF) is a 501(c)(3) organization that is part of the Copic family of companies. CMF was created to provide charitable financial support to programs and initiatives that address healthcare issues. Since it was formed in 1991, the Copic Medical Foundation has provided more than \$13 million to improving patient care and medical outcomes. CMF has built a strong legacy over its 30-year history.

CMF works to improve healthcare outcomes through grant funding of:

- Programs and initiatives that improve patient safety and quality of care through systems changes and improvements;
- Pilot programs that are designed to reduce medical errors; and
- Development and implementation of tools to improve care delivery.

Evolution of Grant Strategy

1991—2008

Strategy: Responsive grantmaking to address access to care and community-based needs.

2009—2017

Strategy: Responsive grantmaking to improve the delivery of healthcare.

2018—present

Strategy: Strategic responsive grantmaking to focus on patient safety and quality improvement initiatives.

Mission

To improve healthcare outcomes.

Values

■ Collaborative

We prioritize collaboration recognizing that the whole is greater than the sum of its parts.

■ Results-Oriented

We work with a specific, clear goal in mind and focus our resources to achieve our intended results.

■ Innovative

We value ideas and ways of thinking that are new, novel, and original. We prioritize concepts and approaches that renew or alter the way something has been done.

■ Ethical

Our organization is one that operates with key principles of morality at the forefront of our minds. These principles include honesty, fairness, equality, dignity, and diversity.

Goal Statement

**Be a catalyst in improving the quality of healthcare delivery
by reducing adverse outcomes and supporting innovation.**

2026 Grant Application Format

Criteria

To be considered for funding, organizations must meet the following minimum criteria:

1. Approach or program has demonstrated potential for uptake or replication by the healthcare community
2. Organization is designated as a 501(c)(3) organization or has an identified fiduciary

2025 Focus Area: Fragmentation Across Care Settings

As healthcare delivery grows more complex, with multiple provider settings for care delivery and telehealth, care fragmentation is a top patient safety concern because it can impede communication among a patient's providers and interfere with care coordination.

Breakdowns in care from a fragmented healthcare system can lead to readmissions, missed diagnoses, medication errors, delayed treatment, duplicative testing and procedures, and reduction in quality of care leading to general patient and provider dissatisfaction.

Fragmentation can occur from one provider setting to another, as well as within a healthcare facility from one unit or department to another. Systems-level structures and policies often play a role in reducing or propagating fragmentation and have a role to play in shaping the organizations within the system in how they work together.

Healthcare organizations must collaborate with each other and decide how to transfer information about patients they share. For example, health information technology can help providers share information about their patients. Organizations must devise strategies to "close the loop" and ensure that providers are aware of and address actionable patient information, such as test results.

~Modified from ECRI (www.ecri.org)

Important Dates

Grants are due to Copic Medical Foundation by **January 15, 2026 by 5pm MT**.

Please use our online grant application found at www.copic.com/foundation to submit your materials. If you have any issues with the application process, please email us at grants@copic.com. For the 2026 grant cycle, CMF intends to grant up to \$650,000 to deserving programs and projects. Applicants can expect to hear from us regarding potential support by March 31, 2026.

Requirements

- Grant Application Overview:** Complete, sign, and submit the attached form.
- Cover Letter:** (Submit this as an email attachment.) One page introduction tailored to address how your program/initiative addresses *Fragmentation Across Healthcare Settings*.
- Program/Project Budget:** Use the attached form or your own template. Note: CMF is committed to supporting impactful initiatives; however, please note that capital support or funding for IT build-outs are not within the scope of our grant provisions.
- Logic Model:** Complete and attach "Copic Medical Foundation Logic Model" form.
- Narrative:** (Submit this as an email attachment.) Preferred length is not to exceed three pages. Include the following information, as needed, but be sure not to be redundant or duplicative of the Logic Model. The narrative and logic model should be complementary, not repetitive, and CMF will review them in tandem.

1. Purpose of Grant

- Brief statement of the issue to be addressed and how it meets our focus area; description of constituency served (include number served); and target population. How will they benefit, and why is there a demonstrated need to address this issue?
- Brief statement about what is novel or innovative about the approach.
- Description of goals and objectives for the purpose of the grant.

- d. Description of activities planned to accomplish these goals and timeline for implementation.
- e. Timetable for implementation (if for a specific program).
- f. Any other organizations with whom you are collaborating.
- g. A list of other sources of funding for this project/program.
- h. Plans for sustainability, replication and integration of ideas/approach into the broader healthcare landscape.

2. **Plans for Evaluation**

- a. Expected qualitative and quantitative results during the funding period (include sample metrics).
- b. How you will define success and what metrics you will use to measure and evaluate progress toward success.
- c. How the project's results and lessons learned will be used and/or disseminated.
- d. What CMF can do to support your work outside of monetary support.

F. **Additional Attachments:** Please include the following:

1. Board of directors
2. **Organization information including the following:**
 - a. Mission statement, brief statement of organization's goals and/or objectives
 - b. Brief summary of organization's history
3. Describe your organization's current programs, activities, and accomplishments, excluding the program for which this grant request applies.
4. List of names and qualifications of key staff
5. List of major contributors (and amounts) to organization/program (if applicable)
6. List of volunteer involvement and in-kind contributions
7. A copy of organization's (or fiduciary organization's) IRS determination letter indicating 501(c)(3) exempt status (dated within the last ten years). Please note: the name that appears on the 501(c)(3) MUST MATCH the name that appears on the check if your grant is funded.
8. Anti-discrimination statement adopted by the board
9. Current organization budget
10. Most recent fiscal year-end financial statements (audited if available)
11. Annual report (if available)

Impact Report Deliverables

If funded, your organization will be expected to provide the following deliverables to Copic Medical Foundation.

1. Host an on-site visit with CMF Leadership midway through the grant cycle.
2. An executive summary, six months after the end of your funding cycle.
3. A short video presentation (3-5 minutes) that outlines the Executive Summary findings, due six months after the funding cycle
4. A short narrative, due six months after the end of your funding cycle including examples where project outcomes/results have been shared at a regional or national level and with your local medical society.
5. A budget report for the grant, due six months after the end of your funding cycle.
6. Attendance at CMF's Annual Grantee Summit in Denver, CO (travel expenses to be covered by CMF).

2026 Grant Application

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Executive Director: _____ **Email:** _____

Contact Person (if different from Executive Director):

Name: _____ **Title:** _____

Phone: _____ **Email:** _____

Name of program/initiative/project to be funded and a brief description of the request:

Total organization budget: _____ **Last date of funding received from CMF (N/A, if never):** _____

Program/Project budget: _____ **Funding timeline:** _____

Amount of request: _____ **Geographic area:** _____

Population served: _____

I acknowledge that our board of directors and executive director understand that grant funds may only be used for the purposes stated in this grant application. Any modifications need to be submitted in writing and approved by the Copic Medical Foundation.

Signature

Date

If above organization is not designated as a 501(c)(3) organization, please fill out the following fiduciary information.

Name of 501(c)(3) organization (acting as fiduciary for grant) as recognized by the IRS, include 501(c)(3):

Address: _____

Signature

Date

Program/Project Budget

Program/ Project Name: _____

Program Costs:

Consultant/Staff?	Scope of work	Hours/Rate	Amount
			\$
			\$
			\$
			\$
			\$

Other Project expenses (please describe):	\$
	\$
	\$
	\$
	\$
	\$

Other costs (please describe):	\$
	\$
	\$
	\$

Subtotal:	\$
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Indirect costs (not to exceed 10% of direct program costs):	\$
Fiscal Sponsor Fee (not to exceed 10% and is capped at \$5,000):	\$

Total Grant Request	\$
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If applicable, please describe any in-kind support: