

# King County Nurses Association Grant Application for Community-Based Health Projects

## ***Introduction***

King County Nurses Association is committed to improving the health of the communities in King County. KCNA members are encouraged to participate actively in community-based projects that can result in a positive change to a current health issue. If you have an idea for a project that could meet a health need in King County, you are eligible to apply.

Grants are available for \$500-\$1,250.

Special thanks to Salal Credit Union for providing funding for the KCNA Community Grants.

## **Types of Grants:**

**1. General Grant:** For a community-based health project that meets a health need in King County. Examples include: Organizing a bicycle safety awareness program, working with a homeless shelter to improve health of clients, organizing a health fair for at-risk families, coordinating a health education seminar at a Senior Center.

## **2. Elizabeth Thomas Memorial Grant**

This grant is offered in special recognition of the work that Elizabeth Thomas, BSN, MN, ARNP, did as a Pediatric ARNP for more than 25 years. The grant will be for projects that are in support of infants, children and families from diverse communities. Examples include projects that: support reduction in infant mortality; enhance health services for infants, youth or families; involve collaboration with multiple agencies; and support homeless infants and youth.

## ***Eligibility Criteria: The project must***

- Address a current health need in King County.
- Involve the participation of at least one King County Nurses Association member.
- Show collaboration with at least one community organization (ex. 501(c)(3) nonprofit, Public Health, church, school, or other organization that is impacting community health).
- Be implemented within a six-month time frame.
- Involve participation of nursing students, registered nurses and other health care professionals, if possible.
- In addition to the above criteria, the Elizabeth Thomas Memorial Grants must show how they support youth (infant, children, teens) and families from diverse communities.

***Funding cannot be used for:*** Invasive medical procedures, human subjects review, or to lobby governmental officials or influence legislation.

***Application Information:*** Applications are reviewed on an ongoing basis. Please mail or email the materials to the following:

Email: [sue@kcnurses.org](mailto:sue@kcnurses.org)

Mail: King County Nurses Association

4649 Sunnyside Ave. N. #352

Seattle, WA 98103

**King County Nurses Association  
Grant Application for Community-Based Projects**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email: \_\_\_\_\_

Are you a member of KCNA (you must be a member to apply)? \_\_\_\_ Yes \_\_\_\_ No

Are you applying for (check one): \_\_\_\_ General Grant or \_\_\_\_ Elizabeth Thomas Memorial Grant?

**Project Title:** \_\_\_\_\_

1. Briefly describe your project including project location.

2. How did you determine the need for the project? If this is an Elizabeth Thomas Memorial Grant, please indicate how the project will support youth (infant, children, teens) and families from diverse communities.

3. Who is your target audience? How many people will be served?

4. What organization(s) and individuals will you collaborate with? Attach a letter(s) of support from the community organization(s) that you plan to collaborate with.

5. Include a brief paragraph summarizing the qualifications of key individuals involved in the project, including yourself. Indicate the role that you will play in the project.

6. What activities are planned for your project? Be specific about your plans and how they will be implemented including how you are going to use the funds.

7. What is your timeline? (All projects must be completed within six months.) Indicate proposed dates, activities, and person/s responsible.

8. What are your expected outcomes of the project? What nursing impact will this project have on the community? How will you know if you have accomplished your outcomes? Please be specific, e.g. number of participants, data to be collected, follow-through, etc.

9. What is your proposed budget? (Total amount of grant is \$500-\$1,250 and your budget should reflect this amount.)

<u>Please List:</u>	<u>Amount Budgeted \$</u>
Materials and Supplies	_____
Facility and Equipment Rental	_____
Printing	_____
Postage	_____
Other (specify) _____	_____
<b>TOTAL</b>	<b>\$</b> _____

10. Are you able to receive any matching funds to implement the project? If yes, please list the amount and name of organization(s) or individual(s).

11. How do you plan to share your project information with other nurses?

12. Grant Agreement: If my project is approved, I agree to:

1. Use the grant for the project as described in the application and return any excess funds to the King County Nurses Association (KCNA).
2. Send a final report and a final budget statement on the completed project to KCNA.
3. Acknowledge the assistance of the KCNA in an appropriate way in connection with the project.
4. Provide a short article to the KCNA newsletter and photos if available.

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Signature of Applicant

Date