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. Community Grant: For a community-based health project that meets a health need in King County. Examples include: Bicycle safety awareness program, working with a homeless shelter to improve health of clients, health fair for at-risk families, health education seminar at a Senior Center, educational event for a group of nurses, support of a limited aspect of a research project benefitting the community.

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 serving disadvantaged children. 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 twelve-month time frame.
•Involve participation of nursing students, registered nurses and other health care professionals, if possible.

Funding cannot be used for: Invasive medical procedures, human subjects review, to lobby governmental officials or influence legislation, for financial support to individual members to attend continuing nursing education, or as a fundraiser for another organization (i.e. event sponsorships).

Project Renewal: Some projects may be eligible for renewal if the need continues and additional funding is needed. Major changes to a project require a new grant application. Minor changes to a project only require the renewal application.

Fund Disbursement:
Project funds will be distributed in the following ways:
1. A check for the grant can be sent to the nonprofit that the applicant is partnering with.
2. Applicant can submit final budget and receipts upon completion of the project and be reimbursed.
Please indicate your payment preference on the application.

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

Type of Grant (check one): ____Community Grant or ____Elizabeth Thomas Memorial Grant
_____Renewal of Previously Approved Project (please complete the Renewal Form)

<u>Project Title:</u> _____

Overview of your project including project location.

1. How did you determine the need for the project?

2. How will this project meet the identified need? If this is an Elizabeth Thomas Memorial Grant, please indicate how the project will support youth and families from disadvantaged communities.

3. Who will your project serve? Include an estimate on the number of people 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 twelve months). Designate in your timeline proposed dates, activities, and person 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 KCNA grant is $500-$1,250 and your budget should reflect this amount). Optional: You can attach a detailed budget to this application.

Expenses: Amount Budgeted $

Materials and Supplies
 (please list):

_____   _____

_____   _____

_____   _____

_____   _____

Facility and Equipment Rental   _____

Printing   _____

Postage   _____

Other (please specify) _____

Total budget from KCNA Funds: _____

Other Funding Source* (optional):   _____

TOTAL PROJECT COST $_____

*Source of other funds (optional):_____

10. Grant Agreement: If my project is approved, I agree to:
    1. Use the grant for the project as described in the application.
    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.
    5. Fund Distribution: Please indicate how you would like to receive the funding:
        _____Check send to the nonprofit you are partnering with.
        _____Submit receipts upon project completion for a reimbursement check.

_____
Signature of Applicant   Date