

King County Nurses Association Community-Based Health Projects Grant Application

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. Grants are available for \$500-\$2,000. Special thanks to Salal Credit Union for providing funding for the KCNA Community Grants.

Types of Grants:

1. Community Grant (\$500-\$1,250): 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 (\$500-\$2,000): This grant is 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. She was the first African American to complete the Pediatric Nurse Practitioner Program at the University of Washington School of Nursing. Liz worked as an ARNP for over 25 year at Odessa Brown Clinic in Seattle and was known to families, patients, and friends as an unsung hero committed to the well-being of 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.

Grant Eligibility Criteria: The grant 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 as long as the need continues. Major changes to a project require a new grant application. Minor changes are acceptable, simply complete the sections indicated on the 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 Project Title, #7, #9, and #10).

Project Title: _____

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. **Proposed Budget:** Total amount for Community Grants \$500-\$1,250, Elizabeth Thomas Grant \$500-\$2,000. **Optional:** You can attach a detailed budget to this application.

<u>Expenses: Materials and Supplies</u> (please list)	<u>Amount Budgeted \$</u>
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Facility and Equipment Rental	
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Printing	
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Postage	
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Other (please specify)	
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Total budget from KCNA Funds:	
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Other Funding Source* (optional):	
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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 sent to the nonprofit you are partnering with.
 - _____ Submit receipts upon project completion for a reimbursement check.

Signature of Applicant

Date