**Application for 2019 Innovations Fund Award**

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| **Instructions** |

* Complete the information below. Note that we have provided sample data in the work plan and budget sections to show you what you should include and how to fill it out. Please overwrite this sample data as you complete your entry.
* Limit responses to a total of 10 pages.
* Please save as a PDF file and email the completed application to [InnovationsFund@aarp.org](mailto:InnovationsFund@aarp.org) by **10 p.m. ET on** **February 28, 2019.**

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| --- | --- |
| **Applicant Information** | |
| State Action Coalition: |  |
| Legal Name of Applicant Organization: |  |
| Organization Tax ID: |  |
| Mailing Address: |  |
| Contact Name: |  |
| Contact Email Address: |  |
| Phone Number: |  |
| Project Title: |  |
| Funding amount requested from CCNA: |  |
| Total matching funds secured to date: |  |

1. **Project Description**

Describe your ongoing or proposed project and how it advances nursing’s role in building a Culture of Health and health equity. Please refer to the attached [Culture of Health framework](https://www.rwjf.org/en/cultureofhealth/taking-action.html).

1. **Diversity and Inclusion**

Explain how your Action Coalition’s diversity plan relates to the project.

1. **Project Workplan**

|  |  |
| --- | --- |
| Start date: |  |

|  |  |
| --- | --- |
| End date: |  |

Outline the goals of your project, ensuring they have S.M.A.R.T objectives: specific, measurable, achievable, relevant, and time-bound. See the sample project goal below for reference. **Please overwrite the data in the chart below**. For multiple goals, please replicate the chart below.

**Project Goal #1: Increase access to care through the addition of five nurse-lead primary care models across the state by the end of 2020.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Objectives** | **Action Steps** | **Target Date** | **RWJF Culture of Health Action Area(s) of Alignment** |
| Work with local organizations and community leaders to identify areas in the state with poor access to primary care. | Locate local organizations for outreach.  Work with these organizations to identify community leaders.  Establish a criteria for barriers in health, resources and access to care to identify the communities | 4/30/2019 | #4. Strengthening Integration of Health Services and Systems |
|  |  |  |  |

**Project Goal #2:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Objectives** | **Action Steps** | **Target Date** | **RWJF Culture of Health Action Area(s) of Alignment** |
|  |  |  |  |
|  |  |  |  |

1. **Replication and Expansion**

Explain how you will replicate and/or expand the scale of the project.

1. **Stakeholder Engagement**

Name the partners who will be part of this initiative with you and describe their involvement. If new partners are needed, describe how those partners will be engaged in the work.

1. **Project Dissemination Plan**

Describe how the results of the project will be disseminated and the intended key audiences.

1. **Budget**

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| --- | --- |
| Total project budget amount: |  |
| Total amount requested from CCNA: |  |

Submit a detailed budget explaining how the funds will be used. See the *sample* budget below for reference. **Please overwrite the data in the chart below.**

**SAMPLE BUDGET**

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Item** | **Innovations Fund** | **Matching Funds** | **Total Cost** |
| **Personnel Costs** | | | |
| Employee “X”  ($20/hour @ 500 hours) | $5,000 | $5,000 | $10,000 |
| Justification: Employee “X” is an administrative assistant for the Action Coalition. Employee X will provide administrative support during the life of the project. Duties will include scheduling meetings, training, and other gatherings deemed necessary. Employee “X” will also be responsible for scheduling travel for project members. Other administrative duties will be performed as assigned. | | | |
| **Other Direct Costs** | | | |
| Office Operations | $1,000 | $1,000 | $2,000 |
| Justification: These funds are allocated for help with the cost of meetings, equipment and space. In addition the cost will be used for paper, ink cartridges, and additional office supplies. | | | |
| Communications/ Marketing | $1,000 | $1,000 | $2,000 |
| Justification: Funds are used to increase awareness of the program. Costs include design and printing of brochures and newsletters, development of webpage and media outreach. | | | |
| Polls/Survey | $2,000 | $2,000 | $4,000 |
| Justification: The cost includes content development of survey, digital distribution and review/interpretation of survey results. | | | |
| Travel | $2,400 | $2,400 | $4,800 |
| Justification: Employee “A” and Employee “B” will be expected to travel to two meetings per year and present on the program. Travel expense estimates are as follows; $1,200 per person each year for the two year period. $2,400 X 2 years = $4,800. This expense assumes a two night overnight and includes travel with meals. | | | |
| **Purchased Services** | | | |
| Consultants | $1,000 | $1,000 | $2,000 |
| Justification: Cost for one consultant at $50/hour for 20 hours each year. | | | |
| Contracts | $500 | $500 | $1,000 |
| Justification: Cost for the development, content and review of contracts for each year. | | | |
| **Indirect Costs** | | | |
| Indirect costs may not exceed 12% | $1,500 | $1,500 | $3,000 |
| Please include the percentage of indirect costs, which may not exceed 12% | | | |
| **TOTAL** | **$14,400** | **$14,400** | **$28,800** |

1. **Matching Funds**

Provide details on your matching funds. Attach confirmation letters from the funders that state the award recipient name, amount of funding, purpose of funding, and funding period of the award. Please note, the attachment(s) can be in excess on the 10 page limit.

1. **In-kind Donations**

Provide information on in-kind donations received and how it contributed to the project.