**Application for 2020 Nursing 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 [NursingInnovations@aarp.org](mailto:Innovations@aarp.org) by **10 p.m. ET on** **June 30, 2020.**

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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 by addressing policies around one of the social determinants of health priority areas:

* Access to care
* Housing
* Social isolation
* Employment, or
* Educational attainment

1. **Diversity and Inclusion**

The *Campaign* strives to increase the diversity of the nursing student body, faculty, and workforce so that nursing reflects the communities in which it serves. Explain how this proposed project addresses health equity through a more diverse nursing workforce. Also, please explain how your Action Coalition’s decision-making body reflects diversity and inclusion.

1. **Project Work Plan**

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| --- | --- |
| 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: Five local communities in our state will improve pedestrian safety and adopt Complete Streets (“Safe Streets”) policies.**

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| --- | --- |
| **Social determinant of health priority area(s)**: | 1. Access 2. Social Isolation |

| **Objectives** | **Action Steps** | **Target Date** |
| --- | --- | --- |
| Raise awareness; share / educate community and leaders about Complete Street policies. | Host community workshops to discuss the key principles and value of designing safe streets that promote pedestrian safety and mobility options for all road users. | Q1 |
| Conduct walkability audits & community assessments | Public health nurses lead walkability audits with business and community leaders, town planning and zoning officials; school nurses organize students to participate in a community assessment to survey the design of sidewalks, bike lanes and other mobility options.  Results are shared with town officials, local media and interested stakeholders. | Q2 |
| Engage key influencers | Mobilize broad coalition of community stakeholders including business leaders, city planners, engineers, environmental group, civic groups to develop recommendations and collect data on complete streets policies. | Q2-Q3 |
| Pass a Complete Street resolution | Identify a legislative champion in the Mayor’s office or on the City Council to introduce the resolution; use public comment periods to raise Complete Streets priorities with city officials; organize grassroots support for a resolution. | Q3-Q4 |
| Seek opportunities to embed Complete Streets principles into current and future transportation improvement projects and scheduled road repairs | Meet with County, city officials, town planners and transportation officials to encourage them to adopt Model Design Manuals and Safe Street design templates into city planning manuals, city improvement and roadwork projects. | Q2-Q4 |
| Appoint nurses to planning and zoning boards | Determine the appointment process, and seek to connect nurses with openings; design Safe Streets to promote socialization and healthy behaviors. | Q2-Q4 |
| Celebrate success | Promote changes and measurable improvements in road design and street safety, with a focus on the public health benefits of pedestrian safety (exercise, less pollution, opportunity for social inclusion and community engagement). | Q4 |

**Project Goal #2: Template should be completed if there is a second goal to your project. If not, then please delete this section.**

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| **Objectives** | **Action Steps** | **Target Date** |
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1. **Replication and Sustainability**

Explain how you will replicate, expand and sustain the project.

1. **Stakeholder Engagement**

Name the partners who will be part of this project, describe their involvement and the diversity they bring.

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** | **Nursing 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. Funds will also 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 costs include 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 and present on the program. Travel expense estimates are as follows; $1,200 per person per trip. $1,200 X 2 people X 2 trips = $4,800. This expense assumes a two night overnight and includes travel with meals. | | | |
| **Purchased Services** | | | |
| Consultants: writer/editor to develop dissemination report | $1,000 | $1,000 | $2,000 |
| Justification: Cost for one consultant at $100/hour for 20 hours. | | | |
| Contracts: create website to share project learnings and recommendations | $2,500 | $2,500 | $5,000 |
| Justification: Cost for deliverable derived using contractor’s estimate of 50 hours at $100/hour. | | | |
| **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** | **$16,400** | **$16,400** | **$32,800** |

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**

Describe in-kind donations received, estimated value and how it contributed to the project. While in-kind support is encouraged it is not considered as matching funds.