**Application for 2021 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 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. Letters of support do not count toward the 10-page limit.
* Applicant organizations affiliated with the state Action Coalition must also:
	+ Submit a letter from the Action Coalition supporting their application to lead the project and describing the role of the Action Coalition
	+ Show evidence of how they will engage the Action Coalition throughout the project
* Please save as a PDF file and email the completed application to NursingInnovations@aarp.org by **10 p.m. ET on** **~~June 30~~ Extended: July 8, 2021.**

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| **Applicant Information** |
| State Action Coalition: |  |
| Legal Name of Applicant Organization: |  |
| Organization Tax ID: |  |
| Mailing Address: |  |
| Program Lead(s): |  |
| Fiscal Lead/Signature Authority for Contract: |  |
| Contact Email Address: |  |
| Phone Number: |  |
| Project Title: |  |
| Funding amount requested from CCNA: |  |
| Total matching funds secured to date: |  |

1. **Project Description**

Describe your proposed project, and how it engages nursing and multi-sector partners to help ensure everyone has a fair and just opportunity to be as healthy and well as possible by addressing policies relating to structural inequities, preferably structural racism, and in one or more of these priority areas:

* Access to care and services
* Housing insecurity
* Food insecurity
* Social isolation
* Poverty, low-income or employment insecurity, or
* Educational attainment

In this section, also explain how you are using the Future of Nursing: *Campaign for Action’s* Health Equity Toolkit in your proposed strategy.

1. **Diversity and Inclusion**

The *Campaign* strives to increase the diversity of the nursing student body, faculty, and workforce. This objective can be obtained by recruiting stakeholders and partners who represent diversity in many forms.

Consistent with RWJF values, this program embraces diversity and inclusion across multiple dimensions, including, but not limited to race, ethnicity, gender, age, sexual identity, and socioeconomic status. We strongly encourage applications that will help expand the perspectives and experiences we bring to our work. We believe that the more that such diversity is included in these efforts, the more successful we will be in building health equity and a Culture of Health, enabling all in our diverse society to lead healthy lives now, and for generations to come.

1. **Project Work Plan**

|  |  |
| --- | --- |
| 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: Help people with low income understand and access nutritious food affordably.**

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| --- | --- |
| **Priority area(s)**: | 1. Food Insecurity
2. Poverty
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| --- | --- | --- |
| **Objectives** | **Action Steps** | **Target Date** |
| Create awareness of the issues related to food insecurity by engaging key opinion leaders across the state.  | Host a statewide food forum to discuss nutrition challenges across the state. Include a diverse group of stakeholders, including but not limited to, representatives of the transportation sector, food banks, human services, public health and faith-based organizations. This forum will use the Health Equity Toolkit framework to assess readiness and identify needs as they work to propose plans to address these inequities. | 11/1/2021 |
| Strengthen awareness and utilization of the Supplemental Nutrition Assistance Program (SNAP) to improve the nutrition of participants. | Engage nursing students to provide nutrition workshops at places where those who may be experiencing food insecurity reside or seek assistance, including FQHC’s, community-based organizations or local churches. Collaborate with local farmers markets that accept food vouchers/food stamps.  | 3/1/2022 |

**Project Goal #2: Increase access to affordable healthy food options.**

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| --- | --- |
| **Priority area(s):** | 1. Food Insecurity
2. Poverty
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|  |  |  |
| --- | --- | --- |
| **Objectives** | **Action Steps** | **Target Date** |
| Advocate for statewide participation of SNAP at all farmers markets. | Identify and engage farmers markets that are not participating. Work with local communities to understand the importance of the program for affordably purchasing fresh produce.  | 5/1/2022 |
| Improve collective understanding of budgeting for nutritious foods. | Create food health clubs for members in the community to support each other. Collaborate with state-based diversity nursing chapter, local churches and food banks. | 7/31/2022 |

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. If applicable, also include the name of your Action Coalition’s co-lead who belongs to an organization represented by the *Campaign*’s [Equity Diversity and Inclusion Steering Committee](https://campaignforaction.org/about/equity-diversity-inclusion-steering-committee/).

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 they contributed to the project. While in-kind support is encouraged, it is not considered as matching funds.