PURPOSE

Be the change. The nccPA Health Foundation believes certified PAs and PA students are integral to improving health, and it offers a funding opportunity to support those efforts. This grant is for PAs to lead, design, and execute activities that expand access to health promotion, education, and treatment as strategies for fostering more equitable care. This grant is intended to encourage and support volunteerism, service-learning, and other mechanisms that allow PAs to leverage their knowledge and skills to positively impact their communities.

This program is for certified PAs, PA organizations (educational programs or constituent organizations), and PA students. Grants are considered as received and awarded based on merit in amounts up to $1,000 until all funds are expended.

PRIORITY

The Health Foundation’s mission is to advance the role of certified PAs to improve health; and its values are to promote the PA profession, benefit patients, and foster partnerships. Applicants should demonstrate how their healthcare or education-focused proposal aligns with the Health Foundation’s mission and values. The Health Foundation gives priority to new applicants and projects that

- Reduce health disparities
- Promote social justice
- Reach underserved/diverse populations
- Promote PA leadership development
- Promote innovation in patient education or care delivery

ELIGIBILITY

Applicants should be a certified PA, PA faculty, or PA student (working with PA faculty at an ARC-PA accredited PA program). Co-applicants may be interprofessional partners. Funds are generally disbursed to the organization sponsoring the project. Individuals coordinating activities are also welcome to apply.

APPLICATION AND SUBMISSION PROCESS

All materials should be submitted together via email to grants@nccpahealthfoundation.net. Successful proposals will include the following:

1. Grant proposal (3 pages maximum)
2. Budget with justification (1 page maximum)
3. CV for principal grant applicant
4. Completed and signed Support for Grant Proposal form
5. Completed and signed W-9

The grant proposal is limited to 3 single-spaced pages at size 12 font and must include the following sections with headings:

- **Grant overview.** Provide the following information at the top of the first page:
  - Project title and application submission date
  - Applicant names and contact information
  - Abstract describing the program (not to exceed 250 words)
- **Statement of the problem / opportunity.** What is the problem you would like to address? This should include relevant health statistics, information on the community/population in need, or other data/literature that supports the necessity of the proposed program.

- **Outreach activity or innovation.** What is your objective? How does the project add value to your community? *If applying to expand an existing outreach,* the proposal must document current outcomes and how the project will provide additional value to the community.

- **Methodology.** What activities will you implement to accomplish your objective? What exactly will you do, when will you do it, who will you partner with (individuals/organizations)? Document how all partnerships will help you achieve your healthcare/education outcomes.

- **Anticipated Outcomes.** What do you expect to happen for community members and participating PAs, students, or partners? How will you determine if you are successful?

- **Dissemination Plan.** How will you share your work as a model with the PA profession? With your organization? Through local media/other channels? Please note that you should acknowledge the nccPA Health Foundation when disseminating your work.

- **Timeline.** Projects should generally be completed within twelve (12) months of receiving funds, and the timeline should include an estimated timeframe for each activity.

- **Brief Personal Statement.** Describe how this project advances your goals to create access and/or more equitable healthcare.

- **References.**

The **budget** should include a description of expenses, unit and total costs, and rationale/justification. Customize the sample template at right.

- Funding provided for
  - Supplies/outreach expenses
  - Production of patient- or provider-education materials.
  - Other expenses may be considered based on project goals, justification, and alignment with the Health Foundation’s mission.
  - *Exclusions:* No overhead or indirect costs can be supported by the grant.

- In-kind support is encouraged, but not required.

- Additional funding, including in-kind support, requested or received should be noted.

## REVIEW PROCESS

Proposals will be considered by the Health Foundation as received until all funds are expended. An initial review will provide formative feedback, if needed, to applicants before proposals are advanced to the grant review team. The review team process takes approximately four (4) to six (6) weeks from our receipt of the final electronic proposal. Please allow time for the review process when submitting your proposal. The Health Foundation may request additional information before making funding decisions.

## CRITERIA

Applicants are encouraged to consider the Health Foundation’s mission and values when designing their proposals. Proposals will be judged on the criteria that follow; *please demonstrate how your proposal meets these criteria.*
• **Clarity of plan:** Have you described all aspects of the project?
• **Potential to create access, equity:** Have you described your anticipated impact and how you will determine if you are successful?
• **Potential to impact PAs and other providers:** Have you described the impact on those who will provide the education and care? Is the experience transferrable to other PAs/providers via your dissemination plan?
• **Potential to impact community:** Have you described the immediate and long-term community impact?
• **Realistic scope, potential for successful execution:** Have you been thoughtful about potential obstacles/opportunities/partnerships?
• **Replicability:** Have you considered the future of your project, including uses for any remaining supplies? Have you considered how others might follow your example?

**PROGRESS AND PROJECT DISSEMINATION**
Grant recipients must provide a Final Grant Report within 30 days of the project completion. The report should not exceed five (5) pages and should document the project outcomes, impact, and plans to replicate or extend the activity. Digital photos, with appropriate permissions for use, are highly encouraged. See Final Project Report guidelines for more information.

In addition, grant recipients agree to the following:
• Acknowledge that their work was made possible by the nccPA Health Foundation.
• Authorize the nccPA Health Foundation to use the applicant’s name(s), photo(s), application, and all reports, inclusive of any photos, for sharing innovative strategies.

**QUESTIONS?**
Find [Proposal and Grant Writing tips](#) online. Applicants may also reach out to the nccPA Health Foundation with questions at grants@nccpahealthfoundation.net.
Be the C.H.A.N.G.E Grant Support for Grant Proposal

Applicant name: ________________________________________________________________

Applicant status: □ Practicing PA □ PA Faculty □ PA Student (& Faculty __________________)

Project title: ________________________________________________________________

How did you hear about the grant program? ________________________________________

Organization supporting the grant: ______________________________________________

Organizational representative (name, title, and email address):

______________________________________________________________________________

W-9 Provided? □ Yes □ No  Any awarded funds will be disbursed to the entity named on the W-9.

Please indicate the name and address to which any awarded funds should be sent.

______________________________________________________________________________

Attestation & Agreement

By signing this agreement, I/we
• Attest that the contents of this application are true and accurate, and all awarded funds will be used in accordance with the provided budget and timeframe.
• Acknowledge that the applicant (and any co-applicants) has the availability and capacity to complete the project as outlined.
• Agree to notify the nccPA Health Foundation if the program does not take place as scheduled and, if the program cannot be rescheduled within a reasonable timeframe, return the funds.
• Attest that any participating organization does not advocate, support, or engage in discrimination in the provision of healthcare based on age, color, disability, ethnicity, gender identity or expression, national origin, union membership, political affiliation, race, size, religious affiliation, sex, sexual orientation, or socioeconomic or veteran status.
• Attest that any participating organization has professional liability insurance coverage in place if the program involves direct patient care and that patient information is HIPAA compliant.
• Agree to acknowledge the nccPA Health Foundation as supporting the program and understand that public announcements regarding the program are encouraged.
• Agree to submit a Final Grant Report within 30 days of program completion, prepared per provided guidelines, including, if possible, digital photos that I/we have received permission to distribute.
• Authorize the nccPA Health Foundation to use the application and Final Grant Report as well as my/our name(s) and photograph(s) to promote the sharing of strategies online and in nccPA Health Foundation, NCCPA, and other publications/channels.

______________________________________________________________________________  ___________________________
Signature of Grant Applicant                                           Date

______________________________________________________________________________  ___________________________
Signature of Organizational Representative (if applicable)               Date

Submit Grant Proposal Support Form with complete application to grants@nccpahealthfoundation.net.
Final Grant Report Guidelines

Grant recipients are required to submit a Final Grant Report **within 30 days** of the program’s completion. The report’s purpose is to showcase the project’s impact and to aggregate the impact of the Health Foundation’s Be the CHANGE program. The report should address the following points and should be no more than five (5) pages in length, not including any attachments, presentations, photos (with permission to use), or videos.

**Basic Information**
- Project title
- Project location(s) and date(s)

**Project information**
- Describe the outreach activity.
- Describe preparation that students, faculty, and clinicians received prior to the outreach.
- Identify major successes, difficulties, or unexpected outcomes. (Note: This effort is meant to identify lessons learned to support the design of future outreach innovations.)
- Describe the project’s impact on the provider community and the patient community.
- Describe partnerships resulting from the project.
- Describe plans to sustain this project, including plans for remaining supplies or funds.

**Engagement**
Please replicate the following table and add narrative to amplify/explain the engagement of project participants. Reflections from providers and community members are encouraged.

<table>
<thead>
<tr>
<th>How many participating ...</th>
<th>#</th>
<th>Additional description/ reflections</th>
</tr>
</thead>
<tbody>
<tr>
<td>• PAs/PA faculty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• PA students</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other health professions clinicians</td>
<td></td>
<td>Include disciplines.</td>
</tr>
<tr>
<td>• Other health professions students</td>
<td></td>
<td>Include disciplines.</td>
</tr>
<tr>
<td>• Community members/patients</td>
<td></td>
<td>Include ways in which community members were directly/indirectly impacted.</td>
</tr>
<tr>
<td>Estimate total number of volunteer hours for project planning/execution</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Publicity/Exposure**
- What publicity or exposure did the PA profession receive through this project?
- How were the results of the project disseminated to the PA profession? To the community?

Please submit your Final Grant Report and all attachments electronically to the nccPA Health Foundation at grants@nccpahealthfoundation.net.

Thank you for your commitment to advancing the role of certified PAs to improve health.