PURPOSE
The nccPA Health Foundation is dedicated to advancing the role of certified PAs to improve health and is a partner in the PA Leadership Initiative in Oral Health. This grant provides certified PAs, PA faculty, and PA students with a leadership and funding opportunity to execute community outreach activities that equip PAs and others with appropriate oral health competencies. Further, this program seeks to advance oral health awareness, prevention, and treatment. Applicants are encouraged to consider the oral health needs of all populations, especially vulnerable and underserved populations, including children, pregnant women, seniors, homeless, substance users, etc.

Grants are considered as received and awarded based on merit in amounts up to $500 until all funds are expended. Subsequent applications may be possible to expand engagement. To get started, explore resources available from the Arcora Foundation’s Cavity Free Kids, Colgate’s Bright Smiles, Bright Futures, or Crest-Oral B’s Patient Education Resources.

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. Further, 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 and care delivery
• Foster medical/dental/interprofessional collaboration

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. Grant funds are generally disbursed to the organization sponsoring the project. Individuals coordinating outreach 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 (not included in 3 pages)
5. Completed and signed W-9

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

• Grant overview. Provide the following information at the top of the first page:
  o Project title and application submission date
  o Applicant names and contact information
  o 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 any 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 oral health innovation,** 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 partner with you (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.

• **Project Timeline.** Projects should generally be completed within six (6) months of receiving funds, and the timeline should include an estimated timeframe for each activity.

• **Brief Personal Statement.** Describe how this community outreach project furthers your goals as a certified PA, PA educator, or PA student.

• **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 sources, including in-kind support, requested or received should be noted.

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<th>Expense Description</th>
<th>Unit Cost</th>
<th>Units</th>
<th>Total Cost</th>
<th>Rationale/Justification</th>
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*Sample budget template. Please also indicate any additional funding sources or in-kind support.*

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**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 grant review process takes approximately four (4) to six (6) weeks from 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 values when developing their projects. Proposals will be judged on the following; please demonstrate how your proposal meets these criteria.

- **Clarity of plan:** Have you considered all aspects of the project?
- **Potential to impact PA knowledge, skills, and awareness about oral health:** Have you considered the impact on those who will provide the care? How will this experience transfer into their practice?
• **Potential to impact community need / patient population:** Have you considered 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, numbers of participants, and plans to replicate or extend the outreach activity. Digital photos of outreach activities, with appropriate permissions for use, are highly encouraged. See 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 as part of the PA Leadership Initiative in Oral Health.
- Authorize the nccPA Health Foundation to use the applicant’s name(s), photo(s), application, and all reports, inclusive of any photos provided, for the purpose of sharing of innovative strategies.

### QUESTIONS?

Find **Proposal and Grant Writing tips** online. Participants may also reach out to the nccPA Health Foundation with questions at grants@nccpahealthfoundation.net.
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 and the PA Leadership Initiative in Oral Health 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 grant 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 oral health community outreach efforts. 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 (i.e., Smiles for Life, didactic lectures, practice experience, etc.)
- 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 replicate or sustain this outreach, including uses 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>
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<tr>
<td>• PAs/PA faculty</td>
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<td>• PA students</td>
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<tr>
<td>• Other health professions clinicians</td>
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<td>Include disciplines.</td>
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<tr>
<td>• Other health professions students</td>
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<td>Include disciplines.</td>
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<tr>
<td>• Community members/patients</td>
<td></td>
<td>Include ways in which community members were directly/indirectly impacted.</td>
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Estimate total number of volunteer hours for project planning/execution

**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 and specifically for your community outreach that embraced oral health as the low hanging fruit of prevention.*