

## PURPOSE

*Be the change.* The nccPA Health Foundation challenges PAs to make a change to improve health and offers a funding opportunity to support PA efforts. This grant is for PAs to lead, design, and execute activities that expand access to care as a strategy for promoting more equitable care. These grants are intended to encourage, facilitate, and support volunteerism and service-learning, mechanisms that allow PAs to leverage their knowledge and skills to support education and care in 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.

## ELIGIBILITY

Applicants should be a certified PA or PA student (working with a PA faculty member at an accredited PA program). (Co-applicants may be interprofessional colleagues.) 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 Tiffany Flick at [tiffanyf@nccpa.net](mailto:tiffanyf@nccpa.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 (not included in 3 pages)
4. Completed *Support for Grant Proposal* form
5. Completed [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
  - Names and contact information for the principal applicant and any co-applicants
  - Grant submission date
  - Abstract (not to exceed 250 words) describing the program
- **Statement of the problem / opportunity.** (What is the problem you would like to address? This may include health status 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 outreach*, the proposal should document existing outcomes as well as how the project will bring greater 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 participate or partner with (individuals/ organizations)?)

- **Anticipated Outcomes.** (What do you expect to happen because of your efforts? How will you determine if you are successful?)
- **Dissemination Plan.** (How will you share your work within the PA profession? Within your organization? Through local media?)
- **Timeline.** (Projects should 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 work as a PA to create access and/or more equitable health care.)
- **References.**

### Budget

- Itemize and provide budget justification
- Funding provided for
  - Supplies/outreach expenses
  - Production of patient- or provider-education materials to be distributed.
  - Communication(s) between participants (e.g., Web/phone conference)
  - *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.

*Need technical assistance?* Find Proposal and Grant Writing tips online. Participants may also reach out to the nccPA Health Foundation with questions as proposals are developed and refined.

### REVIEW PROCESS

Proposals will be considered by the nccPA Health Foundation as received until all funds are expended, and the review process takes approximately four (4) to six (6) weeks from our receipt of the electronic proposal. Please allow time for the review process in submitting your grant application. The Foundation may approve funding outright or request additional information before making its decision.

### CRITERIA

Participants are encouraged to consider the Foundation's values, promoting the PA profession, benefiting patients, and collaborating with partners, when designing their proposals. Proposals will be judged on the criteria below; *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?
- **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 their practice?
- **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?
- **Replicability:** Have you considered the future of your project? Uses for remaining supplies?

## PROGRESS AND PROJECT DISSEMINATION

Grant recipients are expected to provide a **Final Grant Report** within 30 days of the program. The Final Grant Report should not exceed five (5) pages and should acknowledge the project outcomes, numbers of participants and community members, and plans to replicate the outreach activity. Digital photos of outreach activities, 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), and reports, inclusive of any photos, for sharing innovative strategies.

## Questions?

Email Tiffany Flick, Managing Director, nccPA Health Foundation, at [tiffanyf@nccpa.net](mailto:tiffanyf@nccpa.net).



# Be the C.H.A.N.G.E Grant Support for Grant Proposal

Applicant name: \_\_\_\_\_

Applicant status:  Practicing PA  PA Faculty  PA Student  Other \_\_\_\_\_

Project title: \_\_\_\_\_

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 grant application are true and accurate, and all awarded funds will be used in accordance with the proposed budget and timeframe.
- Acknowledge that the grant applicant (and any co-applicants) has the availability and capacity to complete the project as proposed.
- Agree that should the program not take place as scheduled, I/we will notify the nccPA Health Foundation and, if the program cannot be rescheduled within 30 days, return the awarded funds.
- Attest that any organization participating in the funded program does not advocate, support, or engage in discrimination in the provision of health care on the basis of 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 organization participating in the funded program 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 Final Grant Report as well as my/our name(s) and photograph(s) to promote the sharing of strategies online and in NCCPA, nccPA Health Foundation, and other publications.

\_\_\_\_\_  
Signature of Grant Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Organizational Representative (if applicable)

\_\_\_\_\_  
Date

Submit *Grant Proposal Support Form* with complete application to Tiffany Flick at [tiffanyf@nccpa.net](mailto:tiffanyf@nccpa.net).



## Be the C.H.A.N.G.E Grant (Create Health Access Now for Greater Equity)

### Final Grant Report Guidelines

Grant recipients are required to submit a Final Grant Report **within 30 days** of the program's completion. The report should address the following points, and should be no more than five (5) pages in length, not including any attachments, photos (with permission to use), or PowerPoint presentations.

#### Basic Information

- Project title
- Project location(s) and date(s)

#### Project information

- Describe the outreach activity.
- Describe education that students, faculty, and practitioners received prior to the outreach.
- Identify any major success, difficulties, or unexpected outcomes. (Note: This effort is meant to identify lessons learned that can be shared 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 project, including plans for any remaining supplies or funds.

#### Engagement (Please present information in a table format.)

- How many PAs, PA students, and/or PA faculty were involved?
- How many other health professions practitioners and students were involved?
- How many patients/community members were impacted and in what ways by this project?
- Estimate the number of volunteer hours for planning and execution of the event.

#### 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 Tiffany Flick at [tiffanyf@nccpa.net](mailto:tiffanyf@nccpa.net).

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