

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 This grant was originally made possible with support from the National Interprofessional Initiative in Oral Health (NIIOH) and funding from the DentaQuest Foundation and Washington Dental Service Foundation.

The nccPA Health Foundation is providing PAs with a leadership opportunity to pursue funding for the design and execution of community outreach activities embracing oral health as the low hanging fruit of prevention and aiming to ensure that PAs are equipped with appropriate oral health competencies. To get started, explore resources available from Washington Dental Service Foundation's [Cavity Free Kids](#), Colgate's [Bright Smiles, Bright Futures](#) or Crest-Oral B's [Patient Education Resources](#). Interested applicants are encouraged to design programs that address the oral health needs of all patient populations, especially vulnerable and underserved populations, including children, pregnant women, seniors, homeless, substance abuse users, etc.

This program is for certified PAs, PA faculty, and PA students as well as their interprofessional partners to advance oral health awareness, prevention, and treatment. Grants will be considered as received and awarded based on merit, in amounts up to \$500 until all funds are expended. Subsequent applications may be possible to extend engagement.

ELIGIBILITY

The applicant should be a certified PA or PA student (working with a faculty member at an accredited PA program). Grant funds are generally disbursed to the organization or program sponsoring the project. Individuals coordinating outreach activities are also welcome to apply.

APPLICATION AND SUBMISSION PROCESS

Applications must be submitted via email to Tiffany Flick at 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 (not included in 3 pages)
5. Completed [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:
 - 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 oral health innovation or to incorporate oral health into another innovation*, the grant 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 participate or partner with you (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?)
- **Project Timeline.** (Projects should 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.**

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 sources, 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/ clarification regarding the proposed outreach program before making its decision.

CRITERIA

Proposals will be judged on the criteria below; please keep these in mind when developing your proposal.

- **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?
- **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 outreach activity. The report should not exceed five (5) pages and should acknowledge the project outcomes, numbers of participants, and plans to replicate 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), applications, and final reports, inclusive of any photos provided, for the purposes of advising the funders on the use of grant funds and to promote the sharing of innovative strategies.

QUESTIONS?

Email Tiffany Flick, Managing Director, nccPA Health Foundation, tiffanyf@nccpa.net.



PA Oral Health Community Outreach – 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 and the PA Leadership Initiative in Oral Health as described in the application 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), photograph(s), and application 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.

Final Grant Report Guidelines

Grant recipients are required to submit a Final Grant Report **within 30 days** of the outreach activity. The report should address the following points, and should be no more than five (5) pages in length, not including any attachments, photos, 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 (i.e., Smiles for Life curriculum, didactic lectures, practice experience, etc.)
- 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 outreach, including plans for any remaining supplies or funds.

Engagement (Please present this 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?
- Estimate the number of volunteer hours for planning and execution of the event.
- How many patients/community members were impacted and in what ways by this event?

Publicity/Exposure

- What publicity or exposure did the PA profession receive through this project?
- How were the results of the project be 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.

Thank you for your commitment to advancing the role of certified PAs to improve health and specifically for your community outreach activity that embraced oral health as the low hanging fruit of prevention.