



GEORGIA HEALTHY FAMILY ALLIANCE

Georgia Healthy Family Alliance 2014 Grant Awards Application

Part 1: REQUIREMENTS & GUIDELINES

Questions or Problems:

Contact Kara Sinkule at 1-800-392-3841 or e-mail ksinkule@gafp.org.

Application Form and Deadline:

This application is a locked Word document form. You can use your mouse to scroll down and navigate the application form, or you can press the “Tab” key which moves the cursor from one question to the next throughout the application. Your answer can be typed directly into the shaded box, or you can cut your answer from another document and paste it in to the shaded box. **The length of the application should not exceed 7 pages.** The type style and font size in the answer boxes are automatically set (Arial 11-point, except in the Evaluation Plan Table and under Project Financials where it is 10-point.) If additional information is attached to the application, font style should be Arial and type size should be between 10-point and 12-point.

Grant applications must be submitted electronically to ksinkule@gafp.org and applications must be received by May 14, 2014. Applicants without the ability to submit an electronic application must make alternative arrangements in advance of the deadline. First quarter grant awards will be announced in March 2014. Each grant cycle covers a twelve-month period.

Eligibility:

Grant applications that fail to comply with all eligibility and submission requirements will not be considered for funding. **To be eligible the applicant must be a current medical student, resident, active/life member of the Georgia Academy of Family Physicians.** Grants will not be made to individuals, endowment funds, or to support political campaigns or for lobbying any public official about specific legislation. Grant funds must be designated to an entity, not directly to a member.

Applicants are limited to one grant award per year. A total of five grants will be funded up to \$5,000 during a 12 month grant cycle. Money requested from GHFA must stay within the guidelines of at least 70% for program services with a maximum of 30% for

staff and administration. Grants will not be made to accomplish fundraising or administrative work, although up to 30% of administrative costs may be covered within the context of a particular philanthropic project.

The application must address health care needs of the local community and/or Georgia.

No requests will be approved for conference attendance. No current GHFA Board Trustees are eligible to apply.

Applications/Supporting Documents will be Blinded Prior to Review:

You must submit your application in Word (as a word document). After your application is submitted, and prior to review, each grant application will be blinded by program staff to remove all proper names and information capable of identifying the applicant or the applicant's location. For example, a sentence which reads, "Athens FMIG will host three flu clinics in Clarke county" will be changed so that Reviewers' will read, "FMIG will host three flu clinics in COUNTY1." Phrases or terms that cannot easily be changed to generic wording will be "blacked out." Any attachments that are submitted as supporting materials must also be capable of also being blinded (See also Part 5 and Part 6 of the application).

Requests for Continued Funding for Same/Similar Projects:

Good programs need continued funding and there is no limit on the number of times that a similar grant project can receive funding from the GHFA. However, there is the expectation that the program will continue to develop, expand, or be enhanced in some way in order to justify continued grant consideration. Applicants submitting a grant application for the same or similar project that previously received funding will be required to complete Part 5 of the application. Only one award per project will be approved per year.

Part 2: STATEMENT OF UNDERSTANDING

GAFP Member :

By signing below I commit to adhere to the guidelines and procedures as established by the GHFA Grant Awards Program.

Electronic Signature*:

Name and Title:

Date:

*If you cannot insert your signature, please type in the information and submit this application from the e-mail address of the signatory, which will be acceptable as the electronic signature.

Contact Person for This Project:

Name and Title:

Organization:

Address:

Phone:

E-mail Address:

Past Support for Same Similar Project: If same/similar project was previously funded by the GHFA provide project title(s) and year(s) funded:

Part 3: PROJECT SUMMARY

Project Title:

Project Supports the Following GHFA Program Priorities: (Choose one only)

Health of the Community Underserved Other

Type of Funding: (Choose one only)

New/Innovative Program

First-Year Program (new to you - but not a “new” program)

Existing Program (current program)

Executive Summary: (A brief overview of the project)

Total Project Budget: (See Part 6B):

\$

Total Requested From GHFA:(See Part 6C):

\$

Part 4: PROJECT DESCRIPTION

Statement of Need/Problems to Be Addressed: (Why is this issue important? Be sure to reference supporting data.)

Project Impact: Approximately how many people will be impacted/served by this project/program? Briefly describe the population to be impacted/served by this project/program?

Goal(s): (What do you want to change about the problem or situation? *For example, the goal of this project is to improve the nutrition of pregnant women.*)

Activities & Expected Outcomes: (Based upon the above goal(s), list project activities and their expected outcomes. For each expected outcome describe the activity/activities and related timeline. *For example, if the project goal is to improve the nutrition of pregnant women one outcome might be to increase participants' knowledge of why good nutrition is important during pregnancy. Specific activities to achieve this outcome might include a pre-natal nutrition class offered on the first Saturday of the month, February – October, with nutritional counseling available directly following the class. On the second Saturday of the month, April – October, following an early morning field trip to the Farmer's Market, a cooking class will be sponsored at the Community Center with Farmer's Market gift cards given away to those attending the class.*)

Evaluation

How will you determine if and what improvements to the program should be made?

Explain what will be done with the results of the evaluation(s), in the long-term, if this is applicable.

Staffing: (Describe how this project will be accomplished using staff, consultants, volunteers, etc.)

Collaborating Partners:

Yes No

If yes, please provide the name of each collaborating organization and, in general terms, explain its role (e.g., staff time, room rental, financial support, project evaluation, etc.) in this project:

Part 5: PRIOR ACHIEVEMENTS OF SAME/SIMILAR PROJECT PREVIOUSLY

FUNDED BY GHFA. Complete this section only if this application is seeking funding for the same or similar project previously funded by GHFA. See also Requirements and Guidelines, under "Requests for Continued Funding from Same/Similar Projects."

Summarize the impact that the project had in the previous year(s) that you received funding from the GHFA. If you have surveys or other information that you wish to include they may be included as attachments, but make sure that all information that can identify your location has been blinded.

Part 6: ATTACHMENTS TO THE APPLICATION

Please make sure that all information that can identify your location has been blinded or redacted so that the Reviewer is NOT capable of identifying the applicant or the applicant's location.

Description of Attachments:

Attachment 1: Title Description & # of Pages

Attachment 2: Title Description & # of Pages

Attachment 3: Title Description & # of Pages

Attachment 4: Title Description & # of Pages

Part 7: PROJECT FINANCIALS

A. Narrative & Project Budget: (Total cost of the project)

STAFFING/ADMINISTRATION Include all staff and personnel (e.g., interns, consultants, etc.)	Amount
	\$
	\$
<i>Staff/Administrative Subtotal</i>	\$

SUPPLIES	Amount
	\$
	\$
	\$
<i>Supplies Subtotal</i>	\$

EQUIPMENT	Amount
	\$
	\$
	\$

Equipment Subtotal	\$
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OTHER	Amount
	\$
	\$
	\$
Other Subtotal	\$

B. Total Budget: (sum of all subtotals above not to exceed \$5,000) \$

C. Budget Summary By Sources Of Funding:

	\$ Requested from GHFA	\$ Other Funding	\$ In-Kind Support	\$ Category Total
STAFF/ADMIN	\$	\$	\$	\$
SUPPLIES	\$	\$	\$	\$
EQUIPMENT	\$	\$	\$	\$
OTHER	\$	\$	\$	\$
TOTAL per Funding Source	\$	\$	\$	\$

D. % Staffing/Admin Costs Requested From GHFA*: ($\frac{\$ \text{Staffing from GHFA}}{\$ \text{Total Requested from GHFA}} \times 100$). *Note: should not exceed 30%. %

Deadline to submit this completed application is (May 14, 2014). Please submit to ksinkule@gafp.org

THANK YOU