



NAPNAP Foundation 20 Brace Road, Suite 200, Cherry Hill, NJ 08034-2634 P.856-857-9700 F. 856-857-1600

“Innovative Health Care” Small Grant

The NAPNAP Foundation is pleased to offer the Innovative Health Care Small Grant, as part of a national effort to improve health care for infants through young adults. Annually, a \$4,000 grant will be awarded to a NAPNAP member or chapter. To keep grant activities consistent with the goals of NAPNAP and the NAPNAP Foundation, grant applications should focus on improving health care in any area of pediatric clinical practice such as acute, specialty, chronic, or primary care. We hope that you will consider applying!

Please note that the **postmark deadline** for this grant is **September 15, 2011**. If you have any questions about this program, feel free to call the National Office at 856-857-9700 or toll free 877-662-7627.

PURPOSE

NAPNAP Foundation's Innovative Health Care Small Grant is designed to encourage NAPNAP members and chapters to develop and implement innovative, feasible, and cost-effective projects to improve the health of children. These projects are intended to, but are not limited to:

1. Improve health services to underserved, at risk and vulnerable populations.
2. Enhance family education regarding the importance of health maintenance and primary, secondary and tertiary preventive care.
3. Encourage nurse practitioners to pursue new mechanisms of health care delivery for children and families.
4. The proposal should be congruent with the mission and philosophy of NAPNAP and the NAPNAP Foundation.

Innovative Health Care Small Grant - Objectives

Each NAPNAP Foundation application should meet at least one of the following objectives:

1. Explore innovative ways to improve the health and well-being of children and families.
2. Encourage collaboration with other health care specialties such as medicine, psychology, social work and health, or community agencies to improve the health and welfare of children.
3. Design or strengthen health education programs and/or primary, secondary, and tertiary health prevention for children and families.

SPECIFIC REQUIREMENTS

Each application must:

1. Be submitted by a national NAPNAP member (or group of members) or by a NAPNAP Chapter.
2. Describe the project's target population.
3. Clearly state the project purpose, goal(s) and aim(s).
4. Define measurable outcomes for the project and identify those activities which lead to their achievement.
5. Develop evaluation mechanisms that reflect the extent to which goals, aims and objectives have been achieved.
6. Include a budget and justification for the project: monies can be used to pay a consultant but may not be used for salary or gifts.

APPLICATION PROCESS

Please use 12 font, Times New Roman, and 1 inch margins. The first page of the application should include identifying information. Each grant application should then be no more than three single-spaced typed pages of narrative (pages 2, 3, and 4) and a one-page budget description (page 5). No identifying information should be included on these pages, including names or locations. **Please provide 7 copies of the proposal and application to the NAPNAP National Office!!** Only those applications meeting the specific requirements will be reviewed. The following outline should be used:

IDENTIFYING DATA (Page 1)

This should be on one page and the information should not be included elsewhere. Include the name of the project, the name of the project director, address, city, zip code, phone numbers, and e-mail addresses. Also include the name, address, and contact information of the NAPNAP member and the relationship with the project. Also include other project coordinators' names and affiliations. Please include a note if the money will be deposited into an employer's account. An authorizing signature for the Letter of Agreement will need to be signed in order to receive the funds.

THE PROGRAM DESCRIPTION (Pages 2, 3 and 4)

TITLE OF THE PROGRAM OR PROJECT:

THE PROBLEM and PROJECT OVERVIEW:

- State and define the problem
- Describe the target population
- Describe how this project will address the problem

PROJECT GOAL/S AND OBJECTIVES:

- Describe the overall, general goals, aims or purpose of the program.
- Identify the specific measurable objectives that will enable you to achieve the goals and project aims.
- Identify how the project goals and objectives contributes to the achievement of NAPNAP's strategic directions, themes and goals.

PROJECT PLAN:

- Describe the project plan by identifying the activities or steps you will be taking in order to accomplish the project.
- Identify the timeline for completion of each of these steps (Be sure to include the activities in the 6 month report and the Annual or Final Report to the Executive Board).
- Describe the NAPNAP members' role in the project
- Describe any plans for utilizing public relations (radio, newspaper, TV, etc.) to publicize your program.
- Describe the process and timeline if you plan to submit a study protocol to the Institutional Review Board as part of the project (not a requirement) or other administrative approvals required by your employer or institution as necessary.

EVALUATION OF PROJECT:

- Describe the tools, strategies and methods you will use to evaluate the project.
- Identify how these tools or strategies will be used to evaluate the completion of the objectives you have identified or the overall program goal.
- Describe your plan to evaluate the extent to which the project goal and individual objectives are achieved (statistical and/or analysis).

BUDGET: (Page 5)

- Describe the major budget items for the grant funding you are requesting in with a one page justification.
- If this project is a component of a larger grant, include specific information about exactly what aspects of the project you intend to address with the monies awarded by the NAPNAP Foundation.

POST SMALL GRANT AWARD REQUIREMENTS

- Awardee will provide a six-month progress report.
- Awardee will provide a final report discussing project results.
- Awardee is encouraged to submit abstract on for poster and podium presentation at the Annual NAPNAP conference.

REVIEW PROCESS

Applications meeting the requirements will undergo a blind review and rating procedure conducted by a NAPNAP Foundation panel. Grants will be awarded according to the overall ratings given.

DEADLINES

September 15: Applications should be mailed to the NAPNAP National Office and postmarked no later than September 15, 2011. Late applications for any reason will not be accepted.

December 1: Notification of grant awards will be mailed out by December 1, 2011.

December 31: Project should be completed by December 31, 2012.

July 1: The six-month report must be mailed to the National Office by July 1, 2012.

March 1: The final evaluation of the project must be mailed to the National Office by March 1, 2013. Grantees will be encouraged to submit an abstract of their project for a clinical research presentation or poster session at the NAPNAP Annual Conference.

The National Office address is:

**NAPNAP National Office
20 Brace Road, Suite 200
Cherry Hill, NJ 08034
(856) 857-9700
Members Toll Free: (877) 662-7627
FAX (856) 857-1600
E-mail: vmarx@napnap.org (For questions only)**

For questions about this program, feel free to call the National Office.