



Mini-Grant for Community-Based Projects

4649 Sunnyside Ave. N.
Room 224, Seattle, WA 98103

206-545-0603
206-545-3558 fax

Introduction

King County Nurses Association is committed to improving the health of the communities in King County. KCNA members are encouraged to participate actively in community-based projects that can result in a positive change to a current health issue.

If you have an idea for a project that could meet a health need in King County, you are eligible to apply.

Eligibility Criteria: The project must

- Address a current health need in King County.
- Involve the participation of at least one King County Nurses Association member.
- Show collaboration with at least one local nonprofit 501(c)(3) organization.
- Be implemented within a six-month time frame.
- Involve participation of nursing students, registered nurses and other health care professionals, if possible.

Sample Projects:

- Organize a bicycle safety awareness program.
- Work with a homeless shelter to improve health of clients.
- Plan and carryout a health fair for at-risk families.
- Coordinate a health education seminar at a Senior Center.

Funding cannot be used for:

Invasive medical procedures, human subjects review, or to lobby governmental officials or influence legislation.

Application Information:

Applications are reviewed quarterly and are accepted to meet the following deadlines:

- January 1,
- April 1,
- July 1,
- October 1.

For More Information Contact:

Sue Vermeulen, Executive Director
King County Nurses Association
4649 Sunnyside Ave. N.
#224
Seattle, WA 98103
Phone: 206/545-0603
Fax: 206/545-3558

www.kcnurses.org



Mini-Grant Application for Community-Based Projects Application

4649 Sunnyside Ave. N.
Room 224, Seattle, WA 98103

206-545-0603
206-545-3558 fax

APPLICANT'S NAME: _____

Address: _____

Place of Employment: _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Email _____

Are you a member of KCNA? ____ Yes ____ No

Project Title:

1. Briefly describe your project include project location.

2. How did you determine the need for the project?

3. Who is your target audience? How many people will be served?

4. What organization(s) and individuals will you collaborate with? Attach a letter(s) of support from non-profits that you plan to collaborate with.

5. Include a brief paragraph summarizing the qualifications of key individuals involved in the project, including yourself. Indicate the role that you will play in the project.

6. What activities are planned for your project?

7. What is your timeline? (All projects must be completed within six months). Designate in your timeline proposed dates, activities, and person responsible.

8. What are your expected outcomes of the project? How will you know if you have accomplished your outcomes? Please be specific, e.g. number of participants, data to be collected, follow through, etc.

9. What is your proposed budget? (Total amount of grant is \$500 and your budget should reflect this amount.)

Please List:

Materials and Supplies	\$ _____	_____
Facility and Equipment Rental ...	_____	_____
Printing	_____	_____
Postage.....	_____	_____
Other (please specify)	_____	_____
TOTAL	\$ _____	

10. Are you able to receive any matching funds to implement the project? If yes, please list the amount and name of organization(s) or individual(s).

11. How do you plan to share your project information with other nurses?

12. Mini-Grant Agreement:

If my project is approved, I agree to:

1. Use the mini-grant for the project as described in the application and return any excess funds to the King County Nurses Association.
2. Send a final report and a final budget statement on the completed project to the King County Nurses Association.
3. Acknowledge the assistance of the King County Nurses Association in an appropriate way in connection with the project.
4. Provide a short article to the KCNA newsletter and photos if available.

Signature of Applicant

Date

**Send your completed application with supporting materials by January 1, April 1, July 1, or October 1, to
Sue Vermeulen, Executive Director
King County Nurses Association
4649 Sunnyside Ave. N.
224
Seattle, WA 98103**

King County Nurses Association
Mini-Grant for Community Based Health Projects
Scoring Sheet

Name of Reviewer _____

Title of Project _____

Name of KCNA Member(s) _____

Reminder: Purpose of the KCNA Mini Grants is to serve and improve the health of communities in King County. Any member with an idea for a project that could meet a health need in King County is eligible to apply.

1. Description of project is clear and precise. (0-20 points) Score _____

The project meets a need in the community. (0-20 points) Score _____

Number of people that will be served: _____ (informational only, no points)

2. Project shows collaboration with at least one community organization. (0-10 points) Score _____

3. Involves participation of nursing students, registered nurses and other health care professionals, if possible. (0-10 points) Score _____

4. Project timeline is reasonable and project can be completed within a six-month time frame. (0-10 points) Score _____

5. Description of anticipated outcomes if clear. (0-10 points) Score _____

6. Proposed budget is clear, concise, and reasonable. (0-10 points) Score _____

7. Other: Reviewers impression of overall project. (0-10 points) Score _____

TOTAL SCORE _____
Maximum 100 points

Recommendation: _____Approve _____Deny _____Conditionally Approve (please explain)

Use other side for additional comments