



P.O. Box 244471
Anchorage, AK 99524-4471

**ALASKA NURSES FOUNDATION (AaNF)
GENERAL NURSING FUND
CLINICAL/COMMUNITY PROJECT GRANT
Awards Announcement**

Amount Awarded: Up to \$5000 per successful application.

Timeline: Applications must be postmarked no later than September 25th. Funds will be awarded in December.

Purpose: To award to Alaska Nurses funding to enable the implementation of a clinical or community project designed to improve the nursing profession or patient's lives.

Criteria:

1. Must be a member of either the Alaska Nurses Association (AaNA) or the Alaska Public Health Association (ALPHA) (documented by a copy of current membership card or by an official of the organization).
2. Must be a member of the Alaska Nurses Foundation (membership application attached).
3. Must be currently employed as a Nurse in Alaska or have been employed as a Nurse in Alaska within the past five years (documented by letter from current or former employer).
4. Must not have received an award within the past two years.
5. Must include evidence of support for the proposed project. For clinical projects within institutional settings, evidence should be in the form of a letter of support from the setting in which the project is to be implemented. For projects within community settings, evidence should be in the form of letter(s) of support from a representative of the target population and from a representative of any agencies that are identified as project partners.

Proposal: Cover page with checklist completed
Completed application
Letters of support
Documentation of RN employment and required memberships

Application with all attachments must be e-mailed to ehmph@aol.com and must be received by September 25th. Membership application & fee should be mailed to Alaska Nurses Foundation, P. O. Box 244471, Anchorage, AK 99524-4471 with postmark of September 25th of the application year.

**ALASKA NURSES FOUNDATION (AaNF)
GENERAL NURSING FUND
CLINICAL/COMMUNITY PROJECT GRANT APPLICATION**

Name of applicant: _____ **AK RN license number:** _____

(If a team of individuals is applying for this grant, list primary applicant or team leader first, followed by the names of all team members; the primary applicant must be a Registered Nurse in Alaska.)

Other team members (if applicable):

For the primary applicant:

Address: _____

Work Phone: _____

Home Phone: _____

FAX Number: _____

E-mail: _____

Attach proof of membership in either the Alaska Nurses Association or the Alaska Public Health Association (i.e., submit a copy of current membership card in either organization). In addition to membership in either AaNA or ALPHA, qualified applicants must be current members of the Alaska Nurses Foundation; applicants may join the Foundation at the time the grant application is submitted by completing the attached membership form and paying annual dues of \$20.

Grant Proposal Checklist

Application Cover Sheet with completed Checklist _____

Completed application _____

Letters of Support _____

Proof of Membership in AaNA or ALPHA _____

Proof of RN Employment currently or within past five years _____

AaNF Membership Application & Dues (if needed) _____

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**ALASKA NURSES FOUNDATION
Application for Membership**

Individual Membership

Individual Member	\$20.00	_____
Sustaining Member	\$50.00	_____
Additional Contributions:		
Nurse Memorial Plaque		_____

TOTAL _____

Name: _____

Address: _____

Phone: _____ **E-Mail:** _____

If Memorial Plaque contribution made, list name & information about individual being memorialized (examples below):

Christina Mumma, RN, PhD
UAA Professor of Nursing

Mia McDermott, RN, NNP

Joyce Pospisil
Mother of Debbie

General Nursing Grant – Clinical/Community Project

**ALASKA NURSES FOUNDATION
CLINICAL OR COMMUNITY PROJECT GRANT APPLICATION**

Project Title: _____

Primary Applicant: _____

Abstract of Proposed Project: In 250 words or less, describe the goals of your project, the strategies you will carry out to achieve those goals, and the likely outcomes. **NOTE:** If applicable, documentation of successful completion of the review process of a Human Subjects Research Committee or Quality Improvement Committee supporting the clinical or community project must be attached.

General Nursing Grant – Clinical/Community Project

Clinical or Community Project Title: _____

Project Goal(s)	Activities To Be Implemented To Achieve Goal(s)	Planned Timing of Activities (Indicate when the strategy is to be carried out)
1.		
2.		

Insert one goal per line; successful applicants may have as many or as few goals as needed to clearly describe the intended project. Additional lines may be added to the table if there are more than four goals for this project. Be as specific as possible in describing the activities that will be carried out to achieve each goal.

BUDGET

ANTICIPATED COSTS	ANTICIPATED ADDITIONAL REVENUES

Note: Be specific if you are asking for postage, specify how many things will be mailed @ what cost for each. Anticipated revenues may include the grant you are requesting; the Alaska Nurses Foundation will assume no responsibility for costs that exceed revenues. If revenues in excess of expenses are anticipated, your budget must include a brief description of how those funds will be expended.

General Nursing Grant – Clinical/Community Project

Clinical or Community Project Title: _____

Evaluation and Dissemination: Using the table below, describe how you will evaluate the degree to which your project is successful in relation to each of the project goals and describe how you will disseminate the results of your project and the lessons learned through its implementation **to the larger nursing community**. **NOTE:** Award recipients are required to submit an article to the Alaska Nurse describing the results of their project within 6 weeks of project completion; plans to submit that article **must** be included in your dissemination plans.

EVALUATION		
Project Goal(s)	Anticipated Outcome Indicating Achievement of the Goal	Strategy for Evaluating Actual Goal Achievement
DISSEMINATION		
Target Audience	Dissemination Venue & Timing	

**ALASKA NURSES FOUNDATION
CLINICAL OR COMMUNITY PROJECT GRANT APPLICATION
CRITERIA FOR EVALUATING PROPOSALS**

For your information, the criteria by which your proposal will be evaluated, include the following:

REQUIRED ELEMENTS - General

Proof of active membership in AaNA or ALPHA	Yes	No
Current membership in AaNF	Yes	No
Verification of work as a Nurse in the past 5 years	Yes	No
Completed cover sheet and checklist	Yes	No
Completed application	Yes	No
Application postmarked on time	Yes	No

(A no answer to any of the above disqualifies the applicant).

REQUIRED ELEMENTS - Specific	Maximum Score	Applicant Score
Abstract of project describes what the project is about and its relevance to nursing practice.	25	_____
Description of project goals and activities, evaluation plan, project timeline and plans for disseminating the results of the project.	25	_____
Qualifications of applicant/applicant team that suggest the capability to carry out the project	25	_____
Budget is reasonable and costs are clearly identified; Other sources of funds to carry out the project are identified	25	_____
Total	100	_____