

Retention & Recruitment Grant Program

Application Form for 2016 Projects

COVER SHEET

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| Contact Information |
| Date: |  |  |  |
|  |  |  |  |
| Project Title: |  |  |  |
|  |  |  |  |
| Name:*(Principle Investigator)* |  |  |  |
|  First | Last | Credentials |
| Title & Employer: |  |  |
|  |  |  |
| Address: |  |  |
|  Street Address |  |
|  |  |  |  |
|  City | State | ZIP Code |
|  |  |  |  |
| Work Phone: | ( ) | Alternate Phone: | ( ) |
|  |  |
| E-mail Address: |  |
|  |  |
| Fax:  | ( ) |
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Applicant: (List Project Lead Person and Organization Name Here)

**Instructions:**

* Your narrative should be typed in 12‑point Times New Roman font. All responses should be completed in Black font color replacing the Red items. The entire narrative, including section headings, should be no more than **seven pages** (excluding cover sheet), with single (1) line spacing and one-inch margins on all sides.
* Narratives that exceed the seven-page limit or do not conform to the formatting instructions above will not be reviewed.
* Please provide brief responses to the following items, entering your response under each item. Several questions below refer to the Call for Proposals. To view this document, please click on the Call for Proposals link on the Center’s web site at [www.FLCenterForNursing.org](http://www.FLCenterForNursing.org). Applications must include the necessary detail of information to meet the requirements for entering into a funded contract.
* Delete these blue general instructions—and the blue guidelines under each section heading—before submitting your completed narrative. ***Leave the section headings listed below in your narrative and use them as an organizational tool.***
* Applications must be submitted electronically by re-naming the file to include the Lead Investigator’s name as the first part of the file name (e.g. Smith\_Mary\_2017\_Project\_Application.doc).
* Proposals must be submitted to NurseCtr@mail.ucf.edu no later than the close of business Friday, **March 25, 2016.** Only electronic submissions in the provided Word document format will be accepted.
* Technical Support is available by email at NurseCtr@mail.ucf.edu or phone at 407-823-0980.
* For more in-depth information on program planning and evaluation, please reference the CDC Program Evaluation page <http://www.cdc.gov/eval/guide/index.htm>.

## APPLICANT INFORMATION

Describe background and experience of the project lead (principle investigator) and all other significant team members. Include a brief statement about each team member, the disciplines they represent, and how the individual and combined experience/expertise of the team position your team to achieve project goals. If project contact is different than principle investigator, please indicate who the project contact is below (Recommended length: less than 1 page).

Your response goes here in black font in the following format.

## PARTNER ORGANIZATIONS (if any)

Please list below any partnering organizations and how you intend to capitalize on this partnership to meet project goals.

Your response goes here in black font in the following format.

## PROJECT SUMMARY

Please provide a title and a brief description for your project. In this description, please include:

* Project purpose
* Research question or problem statement
* Target population
* Project area of eligibility as outlined in the call for proposals

If awarded, this information will be posted on the FCN web site. Please keep project descriptions to 200 words or less.

Your response goes here in black font.

## BACKGROUND AND RATIONALE

Briefly discuss the context of the problem that you intend to address with this project and the rationale/need for the project including any relevant data or literature. (Recommended length: 1 page)

Your response goes here in black font.

## INTERVENTION

Describe how the project meets the need you described in section 4 including:

* What will be done
* Who/what will be affected
* Activities that are a part of the project
* Resources needed to accomplish those activities

(Recommended length 1-2 pages)

Your response goes here in black font.

## RESULTS/ OUTCOMES

Provide a list of expected outcomes based on the intervention, and an overview of the methods that you will use to measure these outcomes. An example of methods that may be used to determine outcomes include but are not limited to: pre- and post-testing; evaluation of already collected clinical and/or satisfaction indicators; or statistical analyses. Please be certain that all outcomes are Specific, Measurable, Action-oriented, Realistic, and Timed. (Recommended length: 1 page).

Your response goes here in black font.

## SUSTAINABILITY

As these are short term grants, please describe any work that you have done/will do on this project before the grant begins, and how you will plan to use the results and/or sustain the program after the grant period is completed. Please note, while requests for 2nd year funding will be considered contingent on funding, FCN Retention and Recruitment Grant funding is not an appropriate sustainability plan. (Recommended length: ½ page)

Your response goes here in black font.

## BUDGET AND REPORTING

As shared in the **call for proposals**, funded projects are expected to begin July 2016 and may be funded through June 2017. Quarterly progress reports will be required in October, January, and April 2016-2017. A comprehensive final report will be due no later than July 21, 2017. Projects lasting less than one year will have individually set reporting structures. The estimated range of each award is $10,000 - $20,000. Contracts for funding will include the quarterly report requirements and budget allocation.

Please indicate below for each reporting period the deliverable to be received by the FCN and the estimated cost to achieve the deliverable. “Deliverables” are contract language for what will be submitted to the funder in return for a portion of the awarded funding. Deliverables may include progress reports; samples of marketing tools; course outlines and documents; survey instruments; pre- and post-tests; media products; results of data analysis; etc. Deliverables must be related to project outcomes and activities.

For each reporting period, a budget must be submitted which represents the amount of money requested to complete the deliverable and this portion of the project. It is extremely likely that there will be funding from other sources and/or in-kind contributions that are used for the project. A description of these funds will be requested later in the application. Budget information should include personnel costs (e.g. salaries; benefits); consultation costs (e.g. graphic design, data analysis); expenses (e.g. printing, copying, postage, advertisement, supplies); and indirect costs.

Project deliverable for **October 21, 2016** and budget:

Your response goes here in black font.

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| --- |
| **BUDGET FOR PERIOD ENDING October 21, 2016**  |
| **Deliverable and Unit Cost** | **Cost** | **Other Funding** | **Requested FCN Support** |
| **Detail costs here** | $XX | $XX | $XX |
| **October 21, 2017 Budget TOTAL** | **$XX** | **$XX** | **$XX** |

Project deliverable for **January 20, 2017** and budget:

Your response goes here in black font.

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| --- |
| **BUDGET FOR PERIOD ENDING January 20, 2017**  |
| **Deliverable and Unit Cost** | **Cost** | **Other Funding** | **Requested FCN Support** |
| **Detail costs here** | $XX | $XX | $XX |
| **January 20, 2017 Budget TOTAL** | **$XX** | **$XX** | **$XX** |

Project deliverable for **April 21, 2017** and budget:

Your response goes here in black font.

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| **BUDGET FOR PERIOD ENDING April 21, 2017**  |
| **Deliverable and Unit Cost** | **Cost** | **Other Funding** | **Requested FCN Support** |
| **Detail costs here** | $XX | $XX | $XX |
| **April 21, 2017 Budget TOTAL** | **$XX** | **$XX** | **$XX** |

Project deliverable for **July 21, 2017** and budget:

At a minimum this deliverable must include a summary report indicating the project’s level of success, lessons learned throughout the project, whether or not the project will be continued or replicated at your institution, and whether or not you recommend the project be replicated by others.

Your response goes here in black font.

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| **BUDGET FOR PERIOD ENDING July 21, 2017**  |
| **Deliverable and Unit Cost** | **Cost** | **Other Funding** | **Requested FCN Support** |
| **Detail costs here** | $XX | $XX | $XX |
| **July 21, 2017 Budget TOTAL** | **$XX** | **$XX** | **$XX** |

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| --- |
| **TOTAL PROJECT FUNDING REQUEST** |
| **Total Project****Cost** | **Total****Other Funding** | **Total****Requested FCN Support** |
| $XX | $XX | $XX |
| **$XX** | **$XX** | **$XX** |

## Sources of OTHER FUNDING AND CONTRIBUTIONS

Realizing that the Center is not able to award large amounts of money, most projects are completed with financial support from other sources in addition to that received from us. These funds may be actual monetary contributions, or in-kind contributions from your employer or others. For example, if your employer is supporting your effort with this project and you will be using work time to complete it, your salary for that time is an in-kind contribution. Other examples include a local newspaper providing free advertisement or a local restaurant providing food for a conference – the cost of the advertisement or food is an in-kind contribution. Please list below all other funding **sources** used to complete the project. (Recommended length: ½ page or less)

Your response goes here in black font.