

MINI-GRANT FOR COMMUNITY BASED HEALTH PROJECTS

Introduction

The purposes of the Inland Empire Nurses Association (IENA) are to:

1. Work for the improvement and availability of health standards and the availability of health care services for all people, and
2. Foster high standards of professional nursing, and
3. Stimulate and promote the professional development of nurses.

IENA members are encouraged to actively participate in community based projects that can result in a positive impact in one or more of these areas. If you have an idea for a project that could meet a health need in the IENA area then you are eligible to apply for a Mini-Grant. Up to three grants not to exceed \$500 each will be awarded each fiscal year.

Eligibility Criteria

The project must:

1. Address a current health need in the area served by the IENA.
2. Involve the participation of at least one member of IENA.
3. Include collaboration with at least one local non-profit 501(c) (3) organization and/or other community organization.
4. Involve participation of nursing students, registered nurses, and/or other health care professionals, if possible.

Sample Projects

1. Present a Bicycle Safety Awareness program and use funds to purchase bike helmets for disadvantaged children.
2. Collaborate with a homeless shelter to provide health services to clients.
3. Organize and present a Health Fair for families at risk or underserved.
4. Coordinate a Health Education seminar at a local Senior Center.

NOTE: Funds may not be used to lobby government officials or influence legislation.

Application Information

Please use the Application on the next two pages to apply for a Mini-Grant. Applications will be considered on an ongoing basis. The required information should be submitted electronically to the IENA office email address.

For more information contact the IENA Office at:

Inland Empire Nurses Association

222 West Mission Avenue, Suite 231

Spokane, WA 99201

509-328-8288

Email address: jkaiser.iena@gmail.com

Name _____

Address _____

Place of Employment _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

Applicant is a member of IENA: YES _____ NO _____

Name of Project _____

1. Target Audience or Participants of the Project, including the number of participants you anticipate:

2. How did you determine a need for this project?

3. Briefly describe your project, including the location where it is to take place.

4. With whom will you be collaborating on this project? Please include documentation from a member of the individuals and/or organization in support of your collaboration on this project.

5. Include a brief paragraph summarizing the qualifications of key individuals involved in the project, including the IENA member applicant. Indicate your specific role in the project.

6. Describe the activities that are planned for the project.

7. Provide a projected timeline for the project, and who is responsible for each activity.

8. Describe your plan for evaluating the success of the project including specifics such as number of participants, data to be collected, outcomes, etc.

9. Describe the proposed budget for your project. (Note that Mini-Grants cannot exceed \$500.) (Include materials and supplies, facility and equipment rental, printing, postage, etc.)

10. Mini-Grant Agreement:

If my project is approved, I agree to the following:

1. To use the Mini-Grant for the Project as described in this application, and return any excess funds to the IENA.
2. To send a final report and final budget statement on the completed project to the IENA.
3. To acknowledge the assistance of the IENA in an appropriate way in connection with the project (e.g. on written materials, during presentations about the project, etc.).

Signature of Applicant _____ Date _____

Submit completed applications to:
Inland Empire Nurses Association
222 W. Mission Ave, Suite 231
Spokane WA 99201
Email: jkaiser.iena@gmail.com

Approved by IENA Board of Directors: December 5, 2016