

## Joyce Nichols Community-Based Projects Fund

The Joyce Nichols Community-based Projects Fund (JNCPF) of the North Carolina Academy of Physician Assistants Endowment is designed to foster knowledge and philanthropy to improve quality health care to underserved patient populations at the local level.

The NCAPA Endowment will provide up to \$2,000 in one-time seed money to a new or ongoing community-based project. This program will support projects that will focus on community-based initiatives through service, education, and/or research. The JNCPF intends to foster philanthropic contributions that PAs make to their communities or PA focused research that can add to the understanding of how PAs can provide high quality health care.

### **Who Can Apply?**

Applications will be considered for projects organized by practicing PAs or PA students in cooperation with faculty sponsors in North Carolina. (Priority will be given to PAs who are members of NCAPA)

Applications from previous grantees are welcome. Priority will be given to first time applicants. One grant may be awarded each year.

### **Program Objectives**

Projects must meet one or a combination of the following objectives:

**Service:** Projects that will provide direct services to people or communities to improve human conditions in emergency or nonemergency situations.

**Education:** Projects that will lead to an educational health intervention that will improve local conditions for individuals or communities (e.g. projects that will improve health literacy for teenage mothers, training lay health advisors for low literacy patients with diabetes, HIV, geriatric or other homebound patients, creating care for patients who have no access to care. (Patients do not have to be documented.)

**Research:** Projects that will explore the effectiveness of health-related activities on a local level and that will lead to heightened social

awareness of a major health focus (e.g., determination of the effectiveness of a health literacy program).

Funds may not be used for computers, production of videos, capital expenses, salaries and honoraria.

Applications that will address improved care for underserved or high risk patients will be given priority.

### **Application Cycles and Deadlines**

The JNCPF will consider applications for projects on an annual basis. Applications must be received by September 1. Funds for successful applicants will be available within four months after the deadline. The awardee will be notified by September 23. Funds will be available no later than October 6.

The JNCPF will consider an application related to emergency issues (disaster relief) at any time. For information on applying for emergency relief, contact Gail Marion at 336-716-7757 or gmarion@wfubmc.edu

### **Requirements**

A complete application packet must be submitted. Those awarded funds must submit a written report with photographs to the JNCPF within one year.

### **Proposal Requirements**

Please write a project description addressing each item below. You must write a description for each heading and include all attachments in order to have your project considered.

**(Limit to 5 pages, not including cover sheet and checklist.)**

1. What is the project? (Give a short description of the project. Is it public service, education, or research?)
2. Why did you decide to do this project? What is its value to the community?
3. Describe the project in detail. What is your plan, and how will you carry it out? Give a timeline for project activities.
4. What are your goal(s) for this project?
5. What will be the impact on your community? Who is your target population?
6. What is the total cost of this project? Are you receiving any other donations for this project?

(Please include noncash donations such as office space, printing, or staff.)

7. What other projects in your community have you participated in or organized?

**Please attach the following to your proposal:**

**Proof of professional liability insurance.** If your program involves direct patient care, you MUST have liability insurance. For projects not involving patient care, this is not required. If you are conducting a research project involving patients or learners an approved IRB (Institutional Review Board) application should be submitted with your application.

**Line Item Budget.** A full project line item budget listing all expenses and all income for the project.

**Electronic Photo:** Should best exemplify your project.

**Support Materials.** Provide materials to support your proposal.

(Examples: support letters, photos, brochures, annual reports, your resume or curriculum vitae)

**Please complete all information and submit with a complete proposal.**

**General information:**

Name of Applicant:

\_\_\_\_\_  
\_ NCAPA ID#: \_\_\_\_\_

Your status — Check One: Practicing PA\_\_ PA Student\_\_ PA Program Faculty\_\_ Other\_\_ (specify)

Preferred Address: Check One: Work\_\_Home\_\_

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_

Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone Numbers: Work: (\_\_\_\_\_) Home: (\_\_\_\_\_) Fax: (\_\_\_\_\_) \_\_\_\_\_

(If above is a student) Name of faculty sponsor:

\_\_\_\_\_  
School:

\_\_\_\_\_  
**Project Information:**

Name of Project:

\_\_\_\_\_  
Amount Requested: \$\_\_\_\_\_

Name of the organization to whom the check should be made:

\_\_\_\_\_  
Is this organization incorporated? Yes\_\_ No\_\_ (NOTE: If not incorporated, please include a W-9 with the application.)

**SIGNATURE REQUIRED**

I attest that the contents of this grant application are true and accurate. I agree that if I receive a grant, my photograph and any correspondence will be published in professional publications and in news releases.

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Signature of Applicant Date

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Signature of Community Partner, or Supervisor (if applicable) Date

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Signature of Faculty Sponsor (If applicant is a PA student) Date

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**RETURN SIGNED APPLICATION MATERIALS TO:**

**Joyce Nichols Community-based Projects Fund**

Gail S. Marion PA-C, PhD  
Associate Professor of Family and Community Medicine  
Wake Forest University Baptist Medical Center  
Medical Center Boulevard  
Winston Salem, NC 27157-1084  
336-716-7757  
336-716-8552 - Fax  
gmarion@wfubmc.edu

Application Deadline: September 1

North Carolina Academy of Physician Assistants Foundation  
Joyce Nichols Community-Based Projects Fund

**PROPOSAL COVER PAGE**

**NAME OF APPLICANT:**

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Please check off each item to ensure you have all required elements in your proposal package.

- Cover Page (With required signatures and NCAPA number)
- Project Description (Minimum of one paragraph on each item below)
- What is the project?
- Why did you decide to do this project?
- Describe the project in detail.

- What are your goal(s) for this project?
- What will be the impact on your community?
- What is the total cost of this project?
- What other projects in your community have you participated in or organized?
- Attachments
  - Proof of liability insurance (If project involves direct patient care)
  - Resume or Curriculum Vita
  - Approved IRB application for proposed project if patients are involved
  - Line item budget (See example attached)
  - 8 x 10 photo
  - Supporting materials, such as photos, annual report, letters of support

## **PROPOSAL CHECK LIST**

**(Name of Project)**  
**(Time period this budget covers)**

### **Expenses**

- Salaries
- Payroll Taxes & Benefits
- Consultant/Professional Fees
- Travel
- Equipment
- Supplies
- Printing & Copying
- Telephone & Fax
- Postage & Delivery
- Rent
- Utilities
- Maintenance
- Evaluation
- Other (please specify):

### **TOTAL EXPENSES**

### **Support from other sources**

- Government
- Foundations
- Corporations
- United Way/Combined Federal Campaign
- Individuals
- Special Events
- Sale of Items
- Other (please specify):
- Total Income