



# North Carolina

CHAPTER

## Grant to Reduce Cardiovascular Health Disparities in North Carolina Request for Proposal *For the year 2021*

Organization Name:

Primary contact person: (name, email, phone):

Organization Address:

Employer Tax I.D. No.: \_\_\_\_\_ (should match Payee Information)

Amount of Grant Request: \$ \_\_\_\_\_

Request Date:\* \_\_\_\_\_

*\*\* Please note that only grant requests that have been completed in full, accompanied by an executed Grant Agreement, and received by the NCCACC Grant Committee program will be considered.*

### **Project Information**

*Please answer below questions in separate document.*

**Project Title:**

1. What is the need you are trying to address?
2. What is the population targeted?
3. Is there someone in your region already working to address this need or operating a project/program like the one you are proposing? How are you engaged with them? What are you proposing that will be different or additive to what they are doing?
4. Describe the measurable outcomes expected from the proposed project/program. Include baselines, targets, and timeframes for each. i.e. how much, by when.
5. Describe the project/program you are proposing to achieve these outcomes.

6. Describe the rationale for this project. Cite any relevant research and/or evidence related to the effectiveness and impact of your proposed project. Include links to research evidence, when available.

7. What is you or your organization's experience in this type of initiative?

8. Describe how you will measure and report on key activities and outcomes. Define specific outcome indicators and, for each, provide baselines, targets, and timeframes, ie., how much, by when.

### **Roles & Resources**

9. Who will lead or direct this work? What additional resources (internal or external) are needed to carry out this work?

### **Sustainability**

10. How will this project/program be sustained after the grant ends?

### **Scalability**

11. If this project is successful, how might it be expandable to a state or national level?

### **Finances**

12. Please enter the requested amount for the entire grant period you are proposing.

13. Please attach itemized budget.

### **Demographics of population your project/program will be serving:**

**Sex:**

Male (x%)

Female (x%)

**Race/Ethnicity:**

Racial/Ethnic Minority-African-American /Black (x%)

Racial/Ethnic Minority-Hispanic/Latino (x%)

Racial/Ethnic Minority-Minority/Other Special Group (x%)

White/Caucasian (non-Hispanic) (x%)

**Economically Disadvantaged:**

Economically Disadvantaged (x%)

Not Economically Disadvantaged (x%)

**Geographic area your project/program will be serving:**

**Region/County:**

**Community type:**

Rural (x%)

Urban (x%)

**Requester must submit the following documents with this Grant Request:**

- Completed W9 Form (Tax ID)
- Program Objectives
- Outcomes and purpose of project
- Detailed proposed budget
- Any other related or supporting documents

NCCACC will only pay grants upon approval by the NCCACC Grant Committee and after the Grant Agreement has been countersigned by NCCACC. The NCCACC Grant Committee reserves the right to award less than the amount requested.

Reports must be submitted every 3 months with project updates. After grant is rewarded and project complete, grant recipient must submit final summary of project to include final budget and outcomes.

*The undersigned represents and warrants he/she has the authority to submit this Grant Request.*

**Name (printed):** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please submit Grant Request and all required documents by email to [bdenny@nccacc.org](mailto:bdenny@nccacc.org)

**Deadline:** September 1, 2021

**Questions:** Contact Beth Denny, NC Chapter Executive, at 919-861-5581