The Nebraska Nurses Foundation is excited to continue a practice/clinical grant program for NNA members.  The grants are designed to provide funding for evidence-based practice, quality improvement or innovation projects conducted within clinical nursing settings.  The following criteria apply to the program:

**Criteria**

1. Grant(s) will be offered once per year and are intended for projects that can be reasonably finished and disseminated within a 12-month calendar period (January – December).
2. Each grant will range from $500 - $1000 based on project needs and funds available through the Foundation.  Only project proposals that include a detailed budget estimate within this range will be considered for approval, and additional funds will not be approved for the same project more than once.   Only funds outlined in the budget will be awarded and the award will not exceed $1000.
3. Grant proposals will be accepted between October 1 and December 1 of the calendar for funding beginning the next calendar year (January – December).
4. A Nebraska Nurses Association (NNA) member in good standing must be the primary project lead or co-lead.
5. Fund disbursement will be split with half of the requested funds provided at the onset of the project and the remaining funds distributed with approved and completed dissemination, at the discretion of the NNF Board.
6. Approved applicants must agree to allow NNA/NNF to use their identifying information and project results in marketing materials, website, and official publications.

**Proposal Requirements**

1. The grant is designed to provide funding for new intervention projects that have not yet been initiated or implemented at the clinical or educational department level, that will directly or indirectly influence patient care or nurse/student competence:
    a. Implementation of evidence-based nursing practices (new or revised)
    b. Performance or Quality Improvement project
    c. Innovation project which may include pilot studies/projects
2. The project must go beyond assessment to the implementation phase with a measured outcome.

**Proposal Submission Format**

1. *Contact Information of Lead/Co-Lead(s)*
    a. Name, Credentials, Role, Facility, USPS mailing address, email address and duration of NNA membership (if known)
2. *Introduction*
    a. Clearly define the purpose of the project, the population served, and an overview of the intervention planned.
    b. Identify the NNA member who is leading or co-leading the project and the primary tasks of that individual.

3. *Background and Significance*
    a. Describe the gap in current programs or practices that the project may alleviate or improve.
    b. Present the measureable outcome that the project will impact - quantitative analysis is preferred but strong qualitative evidence will also be considered.
4. *Review of Literature*
    a. A narrative description of a review of literature to support the premise or methods of the proposed work.
    b. Provide a minimum of four (4) and no more than 10 citations to support the narrative.
    c. Any attachments must reference the specific focus of the grant request, not just a general project plan or review of literature.
5. *Setting and Target Population*
    a. Describe the physical setting in which the project or program will be implemented, including address and other contact information.
    b. Describe the target population that will benefit from the project implementation, including the projected number of nurses and/or patients/students served if the grant is awarded.
6. *Stakeholder Identification and Approval*
    a. Provide a listing of key stakeholders for the project or setting (be as specific as possible).
    b. Include letter(s) support from key stakeholder (s) and/or employing institution
    c. If the project is a faculty or nursing student graduate level project, a letter of support is also needed from a Director/Faculty member in addition to the clinical agency or setting
7. *Driving and Restraining Forces*
    a. Describe the driving forces, opportunities or benefits of project implementation.
    b. Describe the restraining forces, barriers or threats to the successful implementation of the project and identify ways to reduce these concerns.
8. *Business Plan*
    a. Submit a detailed timeline of activities to be completed each month during the project calendar year.
    b. Submit a detailed budget outlining project design, development, delivery, management and cost (Sample Business Plan is below, but other formats are accepted, as long as details are provided).
9. *Measure of Program Effectiveness*
    a. Describe the anticipated direct outcome of the project to be funded, such as cost containment, improved patient outcome, enhanced patient or clinician satisfaction, or administrative efficiency.
    b. Identify measurement methods (survey, safety, patient outcome, or financial data; qualitative trends /themes; or other specific quantitative measurement. Attach copies of surveys, as applicable.
10. *Plans for Sustainability*
    a. Describe plans/opportunities to sustain the project or program beyond the grant period. Identify stakeholders within the facility or community available to support the work after the completion of the calendar year, if applicable.
11. *Plans for Dissemination*

a. Final distribution of grant funds will be made when the following criteria have been met:
   i. Dissemination to the NNA membership is required through the *Nebraska Nurse* and/or NNA approved presentation within 3 months of project completion, or at the discretion of the NNF Board.
   ii. Dissemination to stakeholders, employing organization and faculty (if applicable) is required within 3 months of project completion.
   iii. Acknowledgment of the NNF as funding source in all references to the project.

For more information:

https://www.nebraskanursesfoundation.org/practice-clinical-grant-program/

Teresa Anderson, NNF Secretary at Teresa@tlandersonconsulting.com  or 402-679-1551

**Project Costs**

| Project Task Description | Education Costs | Material Costs | Travel Costs | Other Costs |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total |  |  |  |  |
| ***Costs should be rounded to the nearest dollar and budgets totaling more than $1000 will not be considered for funding.*** |  |  |  |  |