

## **Guidelines for Nebraska Minority Public Health Association Small Grant Applications**

The NeMPHA invites proposals, under a competitive Request for Proposal (RFP) process, and awards grants to strengthen the capacity of local community-based health organizations. This document describes the purpose of the Small Grants Program, eligibility criteria, and the procedures to follow in submitting a proposal. Please review these guidelines carefully and submit your proposal in the requested format. Grant requests are limited to a maximum of \$500. This RFP is for one-time, short-term (one year, maximum) projects. Applications must be received or postmarked by 5:00 p.m. September 30, 2008.

### **The Small Grant Program**

The Small Grants Program is designed to encourage the building and sustaining of health-related minority community and tribal-based projects in Nebraska. Our grants program is designed to encourage local organizations to work together to address special health needs in racial and ethnic minorities in Nebraska in communities.

All projects with a demonstrable focus on racial/ethnic minorities will be considered, however, priority for funding will go to proposals that:

- Address specific local communities' health disparities;
- Provide funding for existing activities or projects gap;
- Health educational or projects that will have a sustainable impact on the local community;
- Those projects that are compatible to the Nebraska Minority Health and Human Services initiatives which can be found highlight below or at (<http://www.hhss.ne.gov/omh/MHI.htm>):
- Expanding insurance coverage and the "safety net";
- Obesity;
- Cardiovascular disease;
- Infant mortality;
- Diabetes;
- Asthma; and/or fostering collaboration among different community agencies and/or local governmental agencies.

### **The Grant Application Process**

#### **Eligible Requests**

NeMPHA office support projects that directly benefiting racially and ethnic minority in Nebraska. We do not give grants to government agencies. Additional requirements are as follows:

Organizations must have a 501(C)(3) not-for-profit status. Examples of organizations that may be eligible are: local health care facilities, public and private schools, education service units, 4-H or other youth groups, and organizations that provide emergency medical services.

The applicant agency must partner with at least one additional organization/institution. The lead agency and partnering organization(s) must be listed on the application along with a letter of support from the partner organization(s).

Communities may only submit one application

Grant requests are limited to a maximum of \$500. This RFP is for one-time, short-term projects.

## Application Procedures

Please submit an application containing all of the items specified below, including any required attachments.

### Your application must include:

Complete the application form and budget request sheet.

Attach a narrative description of the project (four page maximum) formatted in five sections as outlined below:

**Purpose** -Describe the need for the project and list the communities served.

**Objectives** -Be sure to list measurable objectives and expected outcomes.

**Proposed activities and timeframes** -Describe what you will do and when.

**Collaborating Partners** - Describe what will be the role of each partner.

**Evaluation Process** -Describe who will evaluate and how.

Attach a budget narrative explaining in narrative format the need for items as they appear on your budget request sheet. (Two page maximum).

Attach letters of support from collaborative partners.

Proposals from organizations that are not health care providers must include a letter of support from a local institution that is a health care provider.

Submit your proposals (application form, budget request sheet, project narrative, budget narrative and letters of support) to the Nebraska Minority Public Health Association.

Proposals must be e-mailed to [grants@nempha.org](mailto:grants@nempha.org) or postmarked no later than 5:00 p.m. September 30, 2008.

### *Distribution of Funds*

Up to 50 percent of the funds will be released upon signing of the MOU agreement.

The remaining funds will be reimbursed upon receipt of the final report.

### *Final Reports*

The final report is due by January 4, 2008, and must address all items agreed to in the MOU.

Data such as names, addresses, age, gender and ethnicity of program participants must be collected and included in the final report. The demographic data is required for the federal funding portion of the Nebraska AHEC Program.

### *Application Submission*

Submit completed applications to e-mail or address below by not later than 5:00 p.m. September 30, 2008:

Nebraska Minority Public Health Association  
PO Box 11771  
Omaha, NE 68111  
[grants@nempha.org](mailto:grants@nempha.org)

For more information, contact Debbi Barnes-Josiah at 402/471-9048 or [info@nempha.org](mailto:info@nempha.org).

**2008 Nebraska Minority Public Health Association  
Small Community Health Grant Application**

**Title of Project:** \_\_\_\_\_

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

**Type of Application**

\_\_\_\_\_ Health Career/Community Health Promotion      \_\_\_\_\_ Continuing Education

**Applicant Organization:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Tax I.D. # (include non-profit Federal Tax verification: \_\_\_\_\_)

**Project Director:** \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

**Finance Person in charge of budget (if different from project director):**

Finance Person: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**\* Partner Organization:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

\* If there is more than one partner organization, please attach an additional page with the contact information for each partner as listed above.

**Complete application packets should be faxed/postmarked by Monday, September 30, 2008, to:**

Nebraska Minority Public Health Association  
PO Box 11771  
Omaha, NE 68111  
[grants@nempha.org](mailto:grants@nempha.org)

## Small Community Health Grant Budget Request Sheet

Budget Item: (Itemize/subtotal under individual categories)	In-Kind or Non-NEMPHA/	Grant Request Amount
<b>Service Contracts: Purpose and name of vendor</b>		
1. _____ \$ _____		
2. _____ \$ _____		
3. _____ \$ _____		
4. _____ \$ _____		
5. _____ \$ _____		
Service Contracts Subtotal \$ _____	_____	_____
<b>Office Supplies:</b>		
1. _____ \$ _____		
2. _____ \$ _____		
3. _____ \$ _____		
4. _____ \$ _____		
5. _____ \$ _____		
Office Supplies Subtotal \$ _____	_____	_____
<b>Project/Education Supplies:</b>		
1. _____ \$ _____		
2. _____ \$ _____		
3. _____ \$ _____		
4. _____ \$ _____		
5. _____ \$ _____		
Project/Education Subtotal \$ _____	_____	_____
<b>Transportation:</b>		
1. _____ \$ _____		
2. _____ \$ _____		
3. _____ \$ _____		
4. _____ \$ _____		
5. _____ \$ _____		
Transportation Subtotal \$ _____	_____	_____
<b>Meals:</b>		
1. _____ \$ _____		
2. _____ \$ _____		
3. _____ \$ _____		
4. _____ \$ _____		
5. _____ \$ _____		
Meals Subtotal \$ _____	_____	_____
<b>Other:</b>		
1. _____ \$ _____		
2. _____ \$ _____		
3. _____ \$ _____		
4. _____ \$ _____		
5. _____ \$ _____		
Other Subtotal \$ _____	_____	_____
<b>Total:</b>	_____	_____