PURPOSE

Mental health is health. Millions of lives – patients, caregivers, and communities – are impacted by poor mental health, mental illness, and substance use disorders. The nccPA Health Foundation® believes *every PA is a psych PA* with the knowledge and skills to positively impact mental health. This seed grant equips all Certified PAs and PA students to execute activities that address mental health in their communities.

Projects may reduce stigma, raise awareness in local and provider communities, promote prevention, foster mental health education, or provide mental health care. Applicants are encouraged to consider the mental health needs of all populations, especially vulnerable and underserved populations.

Board Certified PAs, PA students, and PA organizations (educational programs or constituent organizations) may apply. Applications are considered as received and awarded based on merit, in amounts up to $2,500 until all funds are expended.

BACKGROUND & PRIORITY

The nccPA Health Foundation is a 501(c)3 charitable nonprofit and a supporting organization to the National Commission on Certification of Physician Assistants (NCCPA), the only national certifying body for more than 168,000 PAs in the US. The Health Foundation seeks to advance the role of Certified PAs to improve health through grants and other programs that address mental and behavioral health, oral health, professional practice, health disparities, DEI, and equitable care. The Health Foundation's values are to benefit patients, promote the PA profession, foster partnerships, support equitable care, and use research and education for informed decision-making. Grant applicants should demonstrate how their health care or education-focused proposal aligns with the Health Foundation's mission and values. The Health Foundation gives priority to *new* projects that seek to

- Reduce health disparities
- Promote social justice
- Create awareness of implicit bias and foster cultural humility
- Reach underserved/diverse populations
- Promote PA leadership development
- Promote innovation in patient education or care delivery
- Foster interprofessional collaboration

ELIGIBILITY

The principal applicant should be a **Board Certified PA** (clinically practicing or PA faculty) or **PA student** (working with PA faculty at an ARC-PA accredited PA program). Co-applicants may be interprofessional partners or PAs who hold the PA-C Emeritus designation. Funds are generally disbursed to the organization sponsoring the project. Individuals coordinating activities are welcome to apply and may be asked to provide additional documentation.

APPLICATION AND SUBMISSION PROCESS

All materials should be the applicants' original work and should be submitted together via email to Grants@nccPAHealthFoundation.net. Successful proposals will include the following:

1. Grant proposal (3 pages maximum)
2. Budget with justification (1 page maximum)
3. CV for principal grant applicant
4. Completed and signed *Grant Proposal Support Form*
5. Completed and signed W-9 for the organization that will hold the funds

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The grant proposal is limited to 3 single-spaced pages at size 12 font and must include the following sections with headings:

- **Grant overview.** (top of the first page):
  - Project title and application submission date
  - Applicant names and contact information (email and telephone)
  - Abstract describing the program (not to exceed 250 words)
- **Statement of the problem / opportunity.** What is the problem you would like to address? This should include relevant health statistics, information on the community/population to be reached, or other data/literature that supports the necessity of the proposed program. Referenced information should include citations; no specific citation format required.
- **Outreach activity or innovation.** What is your objective? How does the project address the problem/opportunity? ***If expanding an existing outreach***, the proposal must document current outcomes and how the project will provide additional value to the community.
- **Methodology.** What activities will you implement to accomplish your objective: What exactly will you do, when will you do it, who will you partner with (individuals/organizations)? Will participants receive any training for the project? Have you considered potential implicit biases[1] related to the community/population to be served/reached? Have you ensured activities are tied to the budget? Have you documented how all partnerships will help you achieve your health care/education outcomes?
- **Anticipated Outcomes.** How will you determine if you are successful? What do you expect to happen for community members and participating PAs, students, or partners? Estimate number(s) of PAs, students, community members to be engaged.
- **Dissemination Plan.** How will you share your work as a model with/for the PA profession (i.e., poster/presentation, article, etc.? With your organization? Through local media/other channels? Please acknowledge the nccPA Health Foundation when disseminating your work.
- **Timeline.** Projects should generally be completed within twelve (12) months of funding, and the timeline should include an estimated timeframe for each activity.
- **Brief Personal Statement.** Describe how this project advances your personal goal(s) to address mental health needs as a strategy for fostering more equitable health care.

The budget should describe expenses, unit and total costs, and rationale/justification. Customize the template at right.

- Funding provided for:
  - Supplies/outreach expenses.
  - Production of patient- or provider-education materials.
  - Other expenses may be considered based on project goals, justification, and alignment with the Health Foundation's mission.
  - *Exclusions:* No overhead or indirect costs (e.g., faculty/PA salary or stipends; travel to project site, etc.) can be supported by the grant.
- In-kind support is encouraged but not required.
- Additional funding, including in-kind support, requested or received should be noted in a separate column to ensure clarity regarding what expenses will be supported by grant funds.

#	Expense Description	Unit Cost	Units	Total Cost	Rationale/ Justification
1					
2					
3					

Sample budget template. Please also indicate any additional funding sources or in-kind support.

The Grant Proposal Support Form provides verification of organizational support for the project as proposed. The organizational representative should be in a position of authority and will be the individual the Health Foundation should contact if the applicant cannot be reached.

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[1]For more on implicit bias, consider Harvard's Project Implicit and its Implicit Association Tests.

REVIEW PROCESS

Proposals will be considered as received until all funds are expended. An initial review will provide formative feedback to applicants, if needed, before proposals are advanced to the grant review team. The review process takes approximately four (4) to six (6) weeks from receipt of the final electronic proposal. Please allow time for the review process when submitting your proposal. The Health Foundation may request additional information before making funding decisions.

CRITERIA

Applicants are encouraged to consider the Health Foundation's mission, goals, and values when designing their proposals. Proposals will be evaluated on the criteria that follow; ***please demonstrate how your project meets these criteria***.

- **Clarity of plan:** Have you described all aspects of the project?
- **Potential to create access, promote equitable care:** Have you described your anticipated impact and how you will determine if you are successful?
- **Potential to impact PA/provider knowledge, skills, and awareness about mental health:** Have you described the impact on those who will provide the education and care? Have you considered the role of implicit bias? Is the experience transferrable to other PAs/providers via your dissemination plan?
- **Potential to impact community need/population served:** Have you described the immediate and long-term patient/community impact and how you will assess that impact?
- **Realistic scope, potential for successful execution:** Have you been thoughtful about potential obstacles/opportunities/partnerships?
- **Replicability:** Have you considered the future of your project, including uses for remaining supplies? Have you considered how others might follow your example?

PROGRESS AND PROJECT DISSEMINATION

Grant recipients must provide a **Final Grant Report** within 30 days of project completion. The report should not exceed five (5) pages and should document the outcomes, impact, and plans to replicate or extend the activity. Digital photos, with appropriate permissions for use, are highly encouraged. See Final Project Report guidelines for more information.

In addition, grant recipients agree to the following:
- Acknowledge that their work was made possible by the nccPA Health Foundation in all public announcements, social media postings, presentations/publications of their work. (Find and tag the nccPA Health Foundation for posts on Facebook, Twitter, Instagram, and LinkedIn.)
- Authorize the nccPA Health Foundation to use the applicant's name(s), photo(s), organization logo, application, and all reports, inclusive of any photos, for sharing innovative strategies.

QUESTIONS?

Find Proposal and Grant Writing tips and past projects online. Applicants may also send questions directly to the nccPA Health Foundation at Grants@nccPAHealthFoundation.net.

Applicant name: _____

Applicant status: □ Practicing PA   □ PA Faculty   □ PA Student (& Faculty _____)
name

Project title: _____

How did you hear about the grant? _____

Organization supporting the grant: _____

Organizational representative (name, title, and email address):
_____

W-9 Provided? □ Yes   □ No   *Any awarded funds will be disbursed to the entity named on the W-9.*

Please indicate the name and address to which any awarded funds should be sent.
_____

Attestation & Agreement

By signing this agreement, I/we
- Attest that the contents of this application are true, accurate, and represent my/our original work.
- Attest that all awarded funds will be used in accordance with the provided budget and timeframe.
- Acknowledge that the applicant (and any co-applicants) has the availability and capacity to complete the project as outlined.
- Agree to notify the nccPA Health Foundation if the program does not take place as scheduled and, if the program cannot be rescheduled within a reasonable timeframe, return the funds.
- Attest that any participating organization does not advocate, support, or engage in discrimination in the provision of health care based on but not limited to an individual's sex (including pregnancy), race, color, creed, national origin or ancestry, age, religion, mental or physical disability, gender, sexual orientation, gender identity or expression, citizenship, genetic information, marital status, veteran status, military status other than with respect to dishonorable discharge, or any other status protected by applicable federal, state, or local law.
- Attest that any participating organization has professional liability insurance coverage in place if the program involves direct patient care and that patient information is HIPAA compliant.
- Agree to acknowledge the nccPA Health Foundation as supporting the program and understand that dissemination of findings and public announcements regarding the program are encouraged.
- Agree to submit a Final Grant Report within 30 days of program completion, prepared per provided guidelines, including, if possible, digital photos that I/we have received permission to distribute.
- Authorize the nccPA Health Foundation to use the application and grant reports, any associated posters, presentations, or articles, as well as my/our name(s),photograph(s), and organization name and logo(s) to promote the sharing of strategies in nccPA Health Foundation, NCCPA, and other channels.

_____   _____
Signature of Grant Applicant   Date

_____   _____
Signature of Organizational Representative   Date

Submit *Grant Proposal Support Form* with complete application to Grants@nccPAHealthFoundation.net.

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Grantees are required to submit a Final Grant Report **within 30 days** of the program's completion. The report's purpose is to showcase the project's impact and to allow results to be aggregated to describe the impact of the Health Foundation's mental health community outreach grant program. The written report should address the following points in no more than five (5) pages. Presentations, photos (with permission to use), or videos featuring photos, reflections, etc. are encouraged and may be attached.

Project information
- Title, location(s), and date(s).
- Describe outreach activities.
- Describe preparation that students, faculty, and clinicians received prior to the outreach.
- Identify major successes, difficulties, or unexpected outcomes. (Note: This effort is meant to identify lessons learned to support the design of future outreach.)
- Describe the project's impact on the provider community.
- Describe the project's impact on patients and/or participating community members.
- Describe partnerships resulting from the project.
- Describe plans to replicate or sustain this project, including plans for remaining supplies or funds.

Engagement
Please replicate and complete the following table. *Reflections from participating PAs, PA students, other health profession providers/students, and community members are encouraged.*

How many participating …	#	Additional description/reflections
• PAs/PA faculty		
• PA students		
• Other health professions clinicians		*Include disciplines.*
• Other health professions students		*Include disciplines.*
• Community members/patients		*Include ways in which community members were directly/indirectly impacted.*
Estimate total number of volunteer hours for project planning/execution		

Publicity/Exposure: Please provide copies of all associated presentations, posters, or articles.
- What publicity or exposure did the PA profession receive through this project?
- How were the results of the project disseminated to the PA profession? To the community?

Please submit your Final Grant Report and all attachments electronically to the
nccPA Health Foundation at Grants@nccPAHealthFoundation.net.

Thank you for your commitment to advancing the role of Certified PAs to improve health.