



## OVERVIEW

The nccPA Health Foundation<sup>1</sup> equips and empowers Board Certified PAs and PA students to improve health for all. We advance this mission by conducting and supporting initiatives in our strategic programming areas, including:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• <b>Equitable care</b></li><li>• <b>Health disparities</b></li><li>• <b>Mental and behavioral health</b></li><li>• <b>Oral health</b></li></ul> | <ul style="list-style-type: none"><li>• <b>Professional practice</b></li><li>• <b>Diversity, equity, and inclusion in the PA workforce</b></li></ul> |
|--|--|

We recognize vast health care and education needs across these program areas as well as their significant and disproportionate impact **on underserved and underrepresented populations**. We are encouraged by PAs' passion and ingenuity in creatively seeking and developing resources that make a difference in the lives of patients, providers, and communities that are important to them. We seek to support PA leadership and innovation as well as grassroots interventions that can become sustainable initiatives that transform communities.

We are pleased to open the inaugural cycle for the competitive nccPA Health Foundation EMPOWER Grant. PAs, PA students, and PA organizations (accredited educational programs or constituent organizations) may apply. The maximum award for this cycle is up to \$5,000, and the funding requested should not exceed \$5,000. Three grants will be available and may be awarded based on the quality and strength of the applicant pool. **Completed applications should be electronically submitted by Thursday, October 2, 2025, at 11:59 p.m. Eastern Time.**

## OBJECTIVES

- To reinforce the nccPA Health Foundation's [mission and values](#)
- To promote innovative, actionable strategies that directly and sustainably impact needs associated with above strategic programming areas
- To advance PA awareness, knowledge, and capacity to improve health for all
- To foster cultural humility for diverse populations, including raising awareness of implicit bias and social justice in line with our commitment to diversity, equity, and inclusion
- To equip PAs as leaders in advancing health care and education initiatives

Priority will be given to proposals that

- Reach underserved or underrepresented populations
- Demonstrate original or innovative design to address identified needs within the strategic programs
- Foster partnerships through interprofessional or inter-organizational collaboration.
- Demonstrate patient care, education, or impact
- Are received from applicants who have not yet received this competitive grant.<sup>2</sup>

<sup>1</sup> The [nccPA Health Foundation](#)<sup>®</sup> 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 189,000 PAs in the US.

<sup>2</sup> If an institution previously received a grant administered by the nccPA Health Foundation, another applicant from the same institution may apply with a new project.

## ELIGIBILITY

Principal applicants should be **Board Certified PAs**<sup>3</sup>, **PA students** (working with PA faculty at an ARC-PA accredited PA program), or **PA organizations** (e.g., accredited educational programs or constituent organizations). Co-applicants may be interprofessional colleagues or PAs who hold the PA-C Emeritus designation.

Funds are disbursed to the organization supporting the program, and it is the applicant's responsibility to confirm eligibility to receive any awarded funds in line with the grant's purpose and goals and their organization's policies as well as applicable local or state laws and regulations. Projects must be completed within 18 months of funding.

Current grantees may not apply for another Health Foundation grant until the first grant is completed, nor may applicants apply for more than one Health Foundation grant concurrently for the same project.

## APPLICATION AND SUBMISSION PROCESS

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

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

The **grant proposal** is limited to 5 single-spaced pages at size 12 font and must include the following *sections with headings*:

- **Grant overview.** (top of the first page):
  - Program title and application submission date
  - Applicant names and contact information (email and phone)
  - Abstract (not to exceed 250 words) describing the program
- **Statement of the problem/opportunity.** What is the problem you would like to address? This should include a brief review of pertinent literature, patient population characteristics, or community needs assessment data. Referenced information should be cited; no specific format required.
- **Outreach innovation.** Describe each of the following:
  - How the program aligns with one or more nccPA Health Foundation strategic program areas.
  - The population to be reached, including how that population is underserved or underrepresented in the context of the proposed intervention.
  - How the program adds value for the population. ***If expanding existing outreach***, clearly document outcomes and how the project will bring greater value to patients or the community.
- **Methodology.** Describe each of the following and ensure activities are tied to the budget:
  - What activities will you implement to accomplish your health care/education objectives?
  - What exactly will you do, when will you do it, who will partner with you (individuals/organizations)?
  - Will participants receive advance training? Have you considered potential implicit biases<sup>4</sup> related to the community/population to be served?
  - How does your proposal address the grant's evaluation criteria?
  - Document how all partnerships will help you achieve your objectives.
  - Estimate number(s) of community members, PAs, students, and healthcare team members, to be engaged or impacted and in what ways.

<sup>3</sup> An individual who has previously served as a Director or Board committee member of the nccPA Health Foundation, NCCPA, or the PA History Society, must have completed his/her service at least three years prior to being eligible to apply for this grant.

<sup>4</sup> For more on implicit bias, consider Harvard's [Project Implicit](#) and its Implicit Association Tests.

- **Anticipated Outcomes.** How will you determine if you are successful? What is it that you expect to happen because of your efforts? What data points will be collected to measure impact?
- **Dissemination Plan.** How will you share your work as a model with the PA profession (i.e., poster/presentation, article, etc.)? Other providers? Your organization? Local media/other channels? (Please note grantees should acknowledge the nccPA Health Foundation EMPOWER Grant when disseminating their work.)
- **Timeline.** Programs should generally be completed within eighteen (18) months of funding. The timeline should consider the three-month review and selection process and include milestones for all major activities that will support the program.
- **Brief Personal Statement.** Describe how this program that addresses a need within a strategic programming area for the nccPA Health Foundation advances your personal mission as a PA.

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

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

#	Expense Description	Unit Cost	Units	Total Cost	Rationale/Justification
1					
2					
3					
Total					
<i>Sample template. Please indicate in-kind support or additional funding sources.</i>					

The **Grant Proposal Support Form** (page 5 of these guidelines) provides verification of organizational support for the project as proposed. Organizational support includes serving as a custodian for any funds awarded to the principal applicant to complete the project. The organizational representative should be in a position of authority and, if possible, should be another individual whom the Health Foundation could contact if the applicant(s) cannot be reached. ***The organizational representative should be included on all grant correspondence.***

## SUBMISSION DEADLINE AND REVIEW PROCESS

Proposals should be submitted in their entirety electronically to [Grants@nccPAHealthFoundation.net](mailto:Grants@nccPAHealthFoundation.net) no later than **Thursday, October 2, 2025 at 11:59 p.m. Eastern Time**. Receipt of proposals will be confirmed within two business days, and applicants should add [Grants@nccPAHealthFoundation.net](mailto:Grants@nccPAHealthFoundation.net) to their email "safe" list to ensure prompt acknowledgement and communication. Only complete proposals received by the deadline will be considered. Once proposals enter the review process, no additional information will be accepted or provided until funding decisions have been made. The nccPA Health Foundation will review proposals, and the process takes approximately three (3) months. *(Please consider the review process in your timeline.)* Funding announcements are anticipated in January 2026.

## CRITERIA

Participants are encouraged to consider the Health Foundation's [mission; values; commitment to diversity, equity, and inclusion; and strategic programming areas](#). Proposals are evaluated on the criteria that follow; *please ensure your narrative describes how your project meets these criteria.*

- **Alignment with nccPA Health Foundation's strategic programming areas:** Have you described intersectionality between your project and one or more of these areas?
- **Potential to directly impact the underserved or underrepresented population identified:** Have you described the anticipated immediate and long-term community and patient impact/gain and how you will assess that impact?
- **Potential to impact PAs and other providers:** Have you described the impact/gain for those who will provide care and education? Have you considered the role of implicit bias? Is this experience transferable to other PAs/providers via your dissemination plan?
- **Clarity of plan:** Have you described all aspects of the project?
- **Realistic scope, potential for successful execution:** Have you been thoughtful about potential obstacles/opportunities/partnerships and identified contingencies?
- **Replicability:** Have you identified how your work will serve as an innovative model for others?
- **Sustainability:** Have you identified how your work will continue when grant funding is expended?

## ACCEPTANCE OF AWARD, PROGRESS AND DISSEMINATION

Grant recipients must complete an award acceptance agreement affirming their intent to execute the project as proposed. Further, grantees must provide a **Mid-Grant Report** (due date defined in acceptance agreement) and a **Final Grant Report** within 30 days of program completion. The Final Grant Report should not exceed five (5) pages and should describe outcomes and plans to replicate the program. Digital photos, with appropriate permissions for use, are highly encouraged. See report guidelines for more information.

In addition, grant recipients agree to

- Acknowledge that their work was made possible by the nccPA Health Foundation EMPOWER Grant in all public announcements, postings, presentations/publications. When possible, tag the nccPA Health Foundation in social media announcements: [LinkedIn](#), [Instagram](#), and [Facebook](#).
- Authorize the nccPA Health Foundation to use the applicants' name(s), photo(s), organization name, organization logo, application and reports, inclusive of any photos, for the purpose of sharing innovative strategies.

## QUESTIONS?

Questions submitted to [Grants@nccPAHealthFoundation.net](mailto:Grants@nccPAHealthFoundation.net) will be answered within two business days. Applicants may access [Proposal and Grant Writing Tips](#).

# nccPA Health Foundation EMPOWER Grant

## Grant Proposal Support Form



*This form provides verification of organizational support. Please review the form's instructions on page 3 of these guidelines.*

Principal Applicant Name & Credentials: \_\_\_\_\_

Applicant status: ☐ Practicing PA ☐ PA Faculty ☐ PA Student & Faculty (\_\_\_\_\_)  
faculty name and credentials, if applicable

Project title: \_\_\_\_\_

How did you learn 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, the principal applicant, any co-applicants, and the organization supporting the grant,

- 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 proposed budget and timeframe.
- Acknowledge that the principal applicant (and any co-applicants) has/have the availability and capacity to complete the program as proposed.
- Attest that the I/we are eligible to receive funds in line with the grant's purpose and our organization's policies and any applicable local or state laws and regulations.
- Acknowledge that I/we will not seek another nccPA Health Foundation grant concurrently for the same project, nor seek an additional nccPA Health Foundation grant for a new project during the term of this grant.
- Agree that if for any reason the principal applicant is unable to fulfill the role as project leader, a new project leader will be identified, and the nccPA Health Foundation notified within 30 days of the anticipated change. If a project leader cannot be identified within 30 days, all grant funds will be returned.
- 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 grant funds.
- Attest that any participating organization does not advocate, support, or engage in discrimination in the provision of healthcare 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 to cover direct patient care and that patient information is HIPAA compliant.
- Agree to acknowledge that the work was made possible by the nccPA Health Foundation EMPOWER Grant and understand that dissemination of findings and public announcements regarding the program are encouraged.
- Agree to submit a Mid-Grant Report and a Final Grant Report, prepared per provided guidelines, including digital photos that I/we have received permission to distribute.
- Authorize the nccPA Health Foundation to use the grant application, grant reports, any associated posters, presentations, or articles, and any related documentation as well as our name(s), photograph(s), and organization name and logo(s) to promote the sharing of strategies online and in nccPA Health Foundation, NCCPA, and other publications/channels.

\_\_\_\_\_  
Signature of Grant Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Organizational Representative

\_\_\_\_\_  
Date

Submit this form with the complete application to [Grants@nccPAHealthFoundation.net](mailto:Grants@nccPAHealthFoundation.net).

# nccPA Health Foundation EMPOWER Grant Reporting Guidelines



Grantees are required to submit a **Mid-Grant Report** and a **Final Grant Report**. The Mid-Grant Report due date will be determined based on the project timeline and may be an abbreviated version of the Final Grant Report. At a minimum, the Mid-Grant Report should include progress and findings, any changes in methodology and/or lessons learned that will shape the remainder of the project, and confirmation that the project will be completed as scheduled.

The Final Grant Report must be submitted **within 30 days** of the program's completion. The report should address the following points in no more than five (5) pages. Presentations, posters, photos (with permission to use), or videos featuring photos, reflections, etc., are encouraged and may be attached.

## Program information

- Title, location(s), and date(s)
- Briefly describe the program.
- Report the program's outcomes/measures.
- Describe the education/preparation that clinicians, faculty, and students received prior to participating in this program.
- Identify major successes, difficulties, or unexpected outcomes. (Note: This effort is meant to identify lessons learned that can be shared for future innovations.)
- Describe the program's impact on the patient community and/or participating community members.
- Describe the program's impact on the provider community.
- Describe partnerships resulting from the program.
- Describe plans to replicate and sustain this program.

## Engagement

Please replicate and complete the following table. *Participant reflections are highly encouraged.*

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

**Publicity/Exposure:** Please provide all associated presentations, posters, or articles (or plans to submit).

- What publicity or exposure did the PA profession receive through this program?
- How were/will findings be disseminated to the PA profession? To the community?

Please submit your Grant Reports and all attachments electronically to the nccPA Health Foundation at [Grants@nccPAHealthFoundation.net](mailto:Grants@nccPAHealthFoundation.net).

Thank you for your commitment to equipping and empowering Board Certified PAs and PA students to improve health for all communities.