# Dr. Ann F. Wolfe Endowment

# Wolfe Mini Grant Application

## **Grant Overview**

The North Carolina Public Health Association is pleased to announce the annual Wolfe Mini Grants for Child Health and Infant Mortality. **Four grants of** **$8,000 each** **will be awarded each year**.

### **Strategies for a Successful Application**

* Type the proposals using the template provided.
* Answer all the questions completely within the required word count.
* Obtain proper signature on the proposal.
* Email your proposal to NCPHA as outlined below.
* Submit your proposal by the deadline listed on the NCPHA website.
* Starting in 2025, review the NCPHA website for examples of past awarded applications.
* Contact NCPHA in advance of the deadline with any questions.

### **Criteria**

* Primary applicant must be a Local Health Department in North Carolina.
* Project year begins November 1 and is for up to 18 months.
* Application responses are limited to the word count provided. References are not included in the word count. Supporting documentation and letters of support are not necessary. Additional materials will not be considered.
* All components of the application must be completed, or your application will not be eligible for review.
* Grant funds cannot supplant local contributions.
* Type proposal using a minimum 10 font.

## **Submission**

* The proposals MUST be ***RECEIVED*** by the deadline date (posted on the NCPHA website).
* A cover page must be completed in its entirety.
* Proper signatures must be obtained.
* Proposals will be accepted by email only to Kim Dittmann: kdittmann@ncapha.org

# **Cover Sheet**

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| --- |
| Date of Application: |

## **Organizational Information**

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| Name of Organization: |
| Address (street, city, state, zip): |
| Employer Identification Number (EIN): |
| Phone: |
| Fax: |
| Director Name, Title: |
| Director Phone, Email:  |
| Name of application contact person, Title:  |
| Application Contact Phone, Email: |
| What year(s) has your organization received Wolfe Mini Grant funding in the past five years (list year(s) or N/A)? Reference link on NCPHA for list of past awardees. |

## **Proposal Abstract**

*Provide an abstract of the project and request (limit 250 words):*

# **Grant Application Proposal**

## **Data Statement** – *What is the most recently available infant mortality rate for your county?*

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| --- | --- | --- |
| Total: | white (non-Hispanic): | Black/African American (non-Hispanic): |
| Disparity Ratio: | Hispanic: | Other (non-Hispanic): |
| Year and Data Source:  |

## **Problem Statement** - *Describe the need to be addressed, providing contextual details to illustrate the severity of the need. (limit 200 words)*

## **Population to be Served** - *Identify who will benefit from the proposal. Please be as specific as possible, including demographics (race, ethnicity, country of origin, sex, gender, age, zip code, etc.) as applicable. (limit 200 words)*

## **Goals & Objectives** - *List two to four project goals and one to three objectives for each goal. Ensure that the objectives are SMART (specific, measurable, achievable, realistic, and timely). (limit 500 words)*

## *Examples -Goal: “XYZ County will increase access to prenatal care.” Objective: "By June 30, 2011, 50% of all women seen at the XYZ Health Department will receive their first prenatal visit in the first trimester."*

## **Plan of Work -** *Describe how the above objectives will be met. List the responsible individuals by job title and specific responsibilities. Define a project timeline. Be sure to include overall project dates. (limit 500 words)*

## **Sustainability** - *Describe how you will continue the plan of work outlined in this application after the end of this Mini Grant funding. (limit 200 words)*

## **Evaluation** - *Describe how you will evaluate the project. This should include both a process and an outcome evaluation. Refer back to your goals and objectives when drafting this response. How will you include input from the target population affected by the activities proposed? (limit 300 words)*

## **Project Budget & Narrative**

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| **Itemized Expenses** |
| **Line Item** | **Amount**  |
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### **Total Dollar Amount Requested:**

## **Budget Narrative** – *Include a budget narrative explaining and justifying your expenses above.*

## **Authorization**

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| --- |
| By signing below, I acknowledge the content is accurate and my organization’s commitment to fulfilling the grant requirements. If awarded, I understand the proposal will be displayed on the NCPHA website for members to view and contact your organization for more information about your programs. The goal of this transparency is to increase partnerships and collaborations.Name of Health Director:  |
| **Signature** |