MICHIGAN HEALTH ENDOWMENT FUND

Project Title:

Amount of Request:

Project Start Date:

Project End Date:

Total Duration of Project (in years):

Grant Focus Area (select one): ☐ Healthy Aging ☐ Caregiving
Please select your focus area based on the primary target population you look to impact: older adults or those who provide the care.

Grant Type (select one): ☐ Implementation ☐ Planning Grant

1. Executive Summary

A. **Statement of Impact:** In three sentences or less, describe the initiative in terms of overall goals and the expected impact of this project. Think of this as your sales pitch to the board.

B. **Key Issue Area:** In one sentence, what is the key issue you are trying to address? *(For example: This initiative will address the negative health impacts associated with social isolation among older adults.)*

C. **Defined Need:** What data supports the need for this initiative/intervention? Please limit this to three paragraphs or less.

D. **Target Population:** Who will be served by this project (older adults, caregivers, etc.)?

E. **Geographic Reach:** Please list the specific communities or geographic region(s) this project intends to serve and include the legislative district numbers.

F. **Mission:** Provide a brief statement of how this project aligns with your mission and organizational priorities.

G. **Tweet:** Please describe your initiative in 280 characters or less, as if you were going to share it on Twitter.

2. Purpose of Grant

A. **Details of the Initiative:** Please provide more detail about this specific initiative. This is your chance to elaborate on your initial Statement of Impact (1A). What health problem(s), challenge(s) or need(s) do you propose to address and how. Please include the number of individuals who will be impacted by the proposed activities.

B. Collaboration: Describe who you will collaborate on this specific project and what those organizations roles will be with this specific initiative.

C. Cross-Cutting Goal: Which of the Health Fund's two cross-cutting goals does this project address? **Please note: grant proposals must address one of the two cross-cutting goals to be considered.**

Choose one: ☐Workforce ☐Integration ☐Both

1. In what ways might the proposed project build, extend, or strengthen workforce capacity? (Note: if the question does not apply to your project enter "N/A" in the field.)

2. In what ways might the proposed project develop or expand innovative and cost-effective integration models? (Note: if the question does not apply to your project enter "N/A" in the field.)

D. Definition of Goal: Provide a brief (one to two sentence) explanation of how you will define "workforce" and/or "integration" for this initiative.

3. Potential Impact

A. Outcomes: What are the expected short-term and long-term outcomes of your proposed initiative? What overall impact or impacts will these outcomes lead to? In other words, at the end of the grant period how will you determine if the initiative was successful?

B. Evaluation Approach: Please outline your evaluation approach (example templates provided). This document should connect your primary project activities with measurable outputs, intended short- and long-term outcomes, and the ultimate impact(s) of this work. Or, if you are looking to implement a different type of evaluation strategy (example: developmental evaluation), please provide more detail about that approach, particularly if you are applying for a planning grant.

For more guidance, please see the Evaluation Approach Guide. *(Note: the evaluation approach document can be uploaded as a separate document in the Attachments section below.)*

C. Learning: At the end of this initiative, what do you expect to have learned? How will what you learn help advance work on this issue area in the future?

D. Systems Change: What system or systems is this project trying to impact or change? How might this project change existing systems or structures – through collaboration, connectivity, policy change, integration models, etc. – to improve service delivery to older adults and / or their caregivers?

E. Replicability: Could this initiative be expanded or replicated outside this specific funding opportunity? If so, please elaborate.

F. Healthcare Savings: Does your project lead to any potential or actual healthcare cost savings? If so, please provide potential savings in more detail, including how you would capture those savings.

G. Sustainability: Describe how the proposed activities will be sustained after the grant period.

4. Budget Narrative/Justification

Use the Project Budget Format that follows. Organizations may not apply for a Healthy Aging Proactive Grant that is larger than 20% of their annual operating budget.

Please note, if you are applying for a one-year planning grant, your overall budget is not to exceed $200,000.

Expenses:
Please list total Health Fund expenses for each category below. If no expenses, enter "0".

- Total Salary:
- Total Fringe:
- Total Materials and Supplies:
- Total Communications and Marketing:
- Total Evaluation:
- Total Travel and Conferences:
- Total Consultant Fees:
- Total Evaluation:
- Total Other Expenses:
- Total Indirect Costs:

Total Health Fund Request:

Other Sources of Funding:

- Applicant organization allocation (if any):
- Revenue from other sources:
- Describe all revenues from other sources, including other grants. If other resources have been secured, be sure to clearly note which activities the Health Fund grant dollars would fund.
- Total Project Cost

Budget Narrative:
Describe how each budget item relates to the project and include categories such as: staffing, administration, travel, contracts, etc. (Note: administration/indirect costs cannot exceed 10% of direct costs in the Health Fund grant budget). Alternatively, you may upload a budget worksheet in the attachments section below.