

Holy Cross Health Fund Grant Application to Support Initiatives that Enhance Health Care Education and/or Health Care Workforce Development and Training

Submission Instructions:

- 1. Complete the proposal and forms.** A separate Word document may be used for the abstract and proposal narrative.
- 2. Obtain approvals.** Please sign your completed application and plan enough time to obtain your dean's or vice president and provost's approval. If technology requests are part of your proposal, you also need the approval of the vice president of instructional and information technology, Carl Whitman. Likewise, if you are requesting space or facilities modifications in your proposal, you must obtain the approval of the vice president of College facilities and security, Marvin Mills Jr. In lieu of signatures, you may attach emails to your application verifying the necessary approvals have been obtained.
- 3. Submit your proposal by March 20, 2018.** Submit your completed grant application online: <http://bit.ly/2DMosBK>
- 4.** If you have questions regarding your application, you may call Cindy McCormack at 240-567-4009.

**Holy Cross Health Fund Grant Application
to Support Initiatives that Enhance Health Care Education
and/or Health Care Workforce Development and Training**

Name of Project Director (PD): _____

Department: _____ Campus: _____

Phone: _____ Email Address: _____

Name of Co-PD (if any): _____

Department: _____ Campus: _____

Phone: _____ Email Address: _____

Project Title: _____

Proposed Start Date: _____ Proposed End Date: _____

Budget Amount Requested: \$ _____

Which of the following instructional areas does your project feature?

- | | |
|--|--|
| <input type="checkbox"/> Biomedical Sciences | <input type="checkbox"/> Life Sciences |
| <input type="checkbox"/> Aging Studies | <input type="checkbox"/> Nursing Education |
| <input type="checkbox"/> Health Information Technology (HIT) | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Health Information Management (HIM) | <input type="checkbox"/> Biotechnology |
| <input type="checkbox"/> Health Sciences | <input type="checkbox"/> Other _____ |

Which of the following hospital-related jobs does your project potentially support?

- | | |
|--|---|
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Physical Therapist/Occupational Therapist Aide (PT/OTAide) |
| <input type="checkbox"/> Certified Nursing Assistant (CNA) | <input type="checkbox"/> Records Coder |
| <input type="checkbox"/> Diagnostic Medical Sonographer | <input type="checkbox"/> Radiologic Technologist |
| <input type="checkbox"/> Surgical Technologist | <input type="checkbox"/> HIM Generalist |
| <input type="checkbox"/> Lab Technician | <input type="checkbox"/> Pharmacy Technician |
| <input type="checkbox"/> Patient Access (Registrar/Admissions) | |
| <input type="checkbox"/> Other _____ | |

Project Director: _____
(Printed Name) (Signature) (Date)

Dean: _____
(Printed Name) (Signature) (Date)

CIO/Dir. of IT: Carl Whitman
(If applicable) (Printed Name) (Signature) (Date)

VP-Facilities: Marvin Mills Jr.
(If applicable) (Printed Name) (Signature) (Date)

A. **Abstract** (not to exceed 100 words)

B. **Proposal Narrative** (*Abstract and Narrative - not to exceed two typed pages*). Include the following:

- Meeting the grant purpose to Enhance Wellness, Health Care Education and/or Health Care Workforce Development and Training -20 Points
- Extent of Need (why is your proposed project needed) - 20 Points
- Plan of Operation (objectives, activities, timeline) - 25 Points
- Evaluation Plan (measurable outcomes, method for analysis of data) - 10 Points
- Key Personnel (project manager(s), experience, expertise) - 10 Points
- Budget (cost effectiveness, summary of funding request) - 10 Points
- Adequacy of Resources (existing programs, materials, sustainability) - 5 Points

C. **Budget Sheet** (You may modify the sample line items under the budget categories.)

Budget Category	Budget Request
Salaries	
Project Director:	\$
	\$
	\$
Fringe Benefits	
	\$
Travel	
Local travel	\$
Conferences/Professional Development	
	\$
	\$
Contractual services/consultants	
	\$
	\$
Supplies & Materials	
	\$
	\$
	\$
Equipment	
	\$
Other	
Honoraria for Guest Speakers	\$
Scholarships	\$
Stipends	\$
	\$
TOTAL BUDGET REQUEST	\$

D. Budget Narrative/Rationale (Not to exceed two typed pages in addition to the budget form).

- Explain each line item in the proposed budget
- If appropriate, identify and explain facilities or resources from Montgomery College or Holy Cross Health that are needed to implement project. (Remember that technology and/or space requests need to be pre-approved by the leaders of IT and/or Facilities).

Proposal Checklist:

Cover Sheet	1 Page
Abstract and Narrative	2 Pages
Budget Form	1 Page
Budget Narrative	2 Pages
TOTAL	6 Pages

Note: Funding will depend upon the timely submission of annual report. Successful applicants will supply success metrics in an annual report to the Montgomery College Foundation and the HCH/College Operational Steering Committee on the use of the funding. These metrics may include, but are not limited to, the number of College and HCH faculty development activities, the number of HCH positions filled by College students, the number of continuing education and noncredit certifications earned through Montgomery College programs, the rate of high school and middle school student engagement in HCH and College-sponsored activities, student course completion rates, and other metrics as defined by the Montgomery College Foundation and the Steering Committee.

Annual Report Due Date: No later than 45 days after the grant ends.