Disclaimer

This is a fictional application provided for informational purposes. Your program model and details do not need to mirror this example and may be very different. This sample application is only meant as a guide on what content to include as well as how to balance an appropriate level of detail within word limits. This fictitious application also does not model our preferences for types of programs, applying organizations or target audiences, and it is not indicative of programs typically funded.

We welcome all applications that are engaged in work (at the community level or otherwise) toward the mission of the Foundation’s CCH program by helping to:

- Address participant cardiovascular health issues
- Recognize and work to address an unmet need related to cardiovascular health in the community
- Respond to the urgency around addressing cardiovascular health issues, including cardiovascular disease or conditions contributing to cardiovascular disease
- Improve the quality of participants’ and caregivers’ lives in connection with the services provided and work done

Please use the sample as a guide for our expectations on how questions should be answered, rather than focusing on the actual content of the sample application itself. The Foundation welcomes applications for innovative programs that are focused at the community level and address participant cardiovascular health issues during the grant year and subsequent years. For more information on Foundation preferences and priorities, please see the CCH FAQ section of our website or our funding criteria, which are also located on our website.

Acknowledgements: This sample application is loosely based on several CCH Grant Awardee applications. Our thanks to these groups, who provided both approval and inspiration for this example.

Note: Sample answers are in mulberry.

www.astrazeneca-us.com/responsibility/astrazeneca-healthcare-foundation
Are You Eligible?
How is your organization classified?
Nonprofit

Does your organization have 501(c) designation?
Yes
What is your 501(c) designation?
501(c)(3)

Does this program address cardiovascular health or cardiovascular disease within the United States and its territories?
Yes

Will you collect and measure program outcomes?
Yes

Will this program be able to reach at least 100 unduplicated tracked participants by December 2016?
Yes

Will this program be able to report on progress toward program goals for approximately half of the unduplicated tracked participants in May 2016?
Yes

Does your program include professional education and/or training for healthcare professionals that is more than incidental to the program?
No

Is your minimum yearly request between $150,000 and $180,000?
Yes

Is any of the requested funding to be used for unsolicited capital campaigns?
No

Will funding be used for equipment purchases not integral to the specific program and that might support other ongoing routine programs run by the organization?
No

Will your program use Foundation funding to exclusively fund any of the following:
- Cardiologists’ salaries
- Awareness/media campaigns
- Enhancement/expansion of existing hospital services
- Hospital software/upgrades
- Capital investments
- Research/clinical trials
- Hospital in-patient programs
No

Is your program open to all regardless of age, race, color, religion, national origin, gender, sexual orientation, marital status, military service, veteran status, disability or other unlawful basis?
Yes
If you are a religious organization, is your program open to the community-at-large?
Not a religious organization

Does your organization have both a current audited financial statement and IRS Form 990 that can be attached to this application?
Yes
Attach your current audited financial statement and IRS Form 990.

Audited financial statement
IRS Form 990

Your Organization
What is the name of your organization?
New Health Mobile and Corner Clinics (NHMCC)

Enter your 9-digit Employer Identification Number (EIN) or Federal Tax ID in the form of XX-XXXXXXX
12-3456789

New Health Mobile and Corner Clinics
123 Health Street
Atwater, TN 37661

The above information was returned from the IRS database for the Tax ID/EIN you provided. Is this information accurate for your organization?
Yes

What is the geographic scope of your organization (national, regional, etc.)?
Regional
Northeastern TN, Southwestern VA and Northwestern NC

What is the primary region in which your program will be conducted?
South
South Atlantic (DE, MD, DC, VA, WV, NC, SC, GA and FL)

How would you describe your organization?
Single entity

How would you primarily categorize your organization? Please note this question categorizes your organization type, which may be different than the type of program detailed in this application.
Healthcare
Healthcare Services
Clinic

State your organization’s mission in one sentence. (approximately 50 words or 500 characters)
New Health Mobile and Corner Clinics’ mission is to provide accessible comprehensive care and a supportive medical home to our city’s underserved and economically disadvantaged, enabling these patients to live healthier lives.
In one sentence, state one highlight about your organization and how it relates to the community it serves. (approximately 50 words or 500 characters)

New Health Mobile and Corner Clinics has a successful outreach and comprehensive care program that serves hundreds of patients who are medically underserved, economically disadvantaged, uninsured or under-insured by providing medical services where these vulnerable populations reside.

Are more than 50% of the board of directors employed by or related to employees of the business operations?

No

How did your organization hear about the Connections for Cardiovascular Health$^{SM}$ program?

AstraZeneca HealthCare Foundation website
Press Release

Has your organization applied for funding with the Connections for Cardiovascular Health$^{SM}$ program before?

No

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**Funding & Budget**

Please specify the amount requested (must be between $150,000 and $180,000).

$161,662

Do you have any other funders for this program?

Yes

List any additional funders for this program and the amounts.

<table>
<thead>
<tr>
<th>Status</th>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pending</td>
<td>Apple Valley IGA</td>
<td>$15,000</td>
</tr>
<tr>
<td>Pending</td>
<td>Pequa Community Foundation</td>
<td>$15,000</td>
</tr>
</tbody>
</table>

You are required to provide a detailed budget for each year funding is requested. On the following budget list(s), only enter items that will be paid out of requested Foundation Grant funds. Do not include costs covered by other funders. Provide a description for all categories where funding is requested, including the Indirect category. In the Salaries and Professional Fees category, enter salaries, professional fees and other services, except for program evaluation services. You must detail all personnel and their respective costs individually using the “Add staff member” feature, e.g., Program Director, Nurse, Physician or Administrative Coordinator. Enter information required including hourly rates, expected hours week/month/year and FTE, as well as if this person is a healthcare professional (HCP). Indicate in the chart below if fringe benefits will NOT be covered with proposed grant funds.

Note: Incomplete details could result in disqualification.

*Disclaimer: This sample application is to be used for example purposes only and to highlight the level of detail expected. Nothing herein is intended to suggest or imply recommendations for particular costs or activities.*
# AstraZeneca HealthCare Foundation Connections for Cardiovascular Health℠ (CCH)

**Sample Application**

<table>
<thead>
<tr>
<th>Year # 1</th>
<th>Description</th>
<th>Amount</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program/Participant Materials</strong></td>
<td>Participant resources. Incentives. Classroom materials. Diaries print/web/app (400 x $4). Participant incentives (Mugs &amp; hats 400 x $7). Exercise (400 Pedometers x $3 &amp; resistance bands 400 x $4). Teaching &amp; classroom materials- 4 locations ($2,575 per location or total of $10,300).</td>
<td>US $17,500</td>
<td>10.83%</td>
</tr>
<tr>
<td><strong>Program Evaluation</strong></td>
<td>Reports and EMR data evaluations for project.</td>
<td>US $7,000</td>
<td>4.33%</td>
</tr>
<tr>
<td><strong>Printing</strong></td>
<td>Coupons, recruitment materials and participant promotions. Program and screening materials. Local event signs and handouts.</td>
<td>US $10,000</td>
<td>6.19%</td>
</tr>
<tr>
<td><strong>Office Supplies</strong></td>
<td>Civic group promotions and 13 monthly mailings. Postage ($0.49) x 13 mailings x 700 reached participants = $4,459. Remaining funds for other program &amp; office supplies (e.g., name tags, additional mailings, ink cartridges at $90).</td>
<td>US $6,500</td>
<td>4.02%</td>
</tr>
<tr>
<td><strong>Phone/Fax</strong></td>
<td>$85/mo x 12 for cell phone - enabling additional community outreach while mobile.</td>
<td>US $1,020</td>
<td>0.63%</td>
</tr>
<tr>
<td><strong>Travel</strong></td>
<td>Mileage for community outreach events. ($0.14/mile charitable rate x 7,500 miles.)</td>
<td>US $1,050</td>
<td>0.65%</td>
</tr>
<tr>
<td><strong>Training</strong></td>
<td>n/a</td>
<td>US $0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Equipment</strong></td>
<td>EKG Machine ($3,100) and supplies ($900)</td>
<td>US $4,000</td>
<td>2.47%</td>
</tr>
<tr>
<td><strong>Lab/Testing Fees</strong></td>
<td>Lipid panel: 250 tracked participants x $5 per person x 3 times (baseline, 3-month, 6-month) = $3,750. Glucose/A1C: 250 tracked participants x $8 per person x 3 times (baseline, 3-month, 6-month) = $6,000.</td>
<td>US $9,750</td>
<td>6.03%</td>
</tr>
<tr>
<td><strong>Indirect</strong></td>
<td>n/a</td>
<td>US $0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>Spring Fair materials (25% or less for the event cost of banners, flyers, posters, incentives and advertising. Space rental donated. Rest of the event cost will come from other funders.)</td>
<td>US $4,000</td>
<td>2.52%</td>
</tr>
<tr>
<td><strong>BBQ Fundraising materials (25% of total event cost; the rest of the total event cost is shared by other organizations)</strong></td>
<td></td>
<td>US $10,000</td>
<td>6.19%</td>
</tr>
<tr>
<td><strong>(subtotal of Other expenses)</strong></td>
<td></td>
<td>US $14,000</td>
<td>8.66%</td>
</tr>
<tr>
<td><strong>Salaries and Professional Fees (excludes program evaluation fees)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>June Smith</strong></td>
<td>Director of Community Outreach</td>
<td>US $40,300</td>
<td></td>
</tr>
<tr>
<td>Position</td>
<td>Hours/Week</td>
<td>Rate</td>
<td>Fringe</td>
</tr>
<tr>
<td>----------</td>
<td>------------</td>
<td>------</td>
<td>--------</td>
</tr>
<tr>
<td>Jillian Bonnet</td>
<td>25 hrs</td>
<td>$31/hr</td>
<td>21%</td>
</tr>
<tr>
<td>Clyde Thomas</td>
<td>8 hrs</td>
<td>$41/hr</td>
<td>21%</td>
</tr>
<tr>
<td>Dr. Fionna Mills</td>
<td>80 hrs</td>
<td>$71/hr</td>
<td>21%</td>
</tr>
<tr>
<td>Nurses On Call</td>
<td>60 hrs</td>
<td>$50/hr</td>
<td>21%</td>
</tr>
<tr>
<td>Sunflower Food Truck</td>
<td>60 hrs</td>
<td>$50/hr</td>
<td>21%</td>
</tr>
</tbody>
</table>

**Class food**
- $35 per class x 88. Cooking class supplies $670.
- Event food & staff $2,000 (for 2 events). Incentive food $2,000.

**Total budget & percentage of amount requested**
- Subtotal of Salaries and Professional Fees: US $90,842 (56.19%)
- Total budget: US $161,662 (100%)

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**Your Program**

**Please provide a title for this program.**

Healthy Hearts in the Central Appalachian Mountains

**What is the primary program focus?**

General Cardiovascular Disease

**This funding will support an initiative that is:**

New and Existing

**Please note, the Connections for Cardiovascular HealthSM program encourages innovative outreach programs that are community-based in nature. Please select the option below that best describes your outreach program.**

Community-Based

**Please tell us about the program target audience.**

**Which sex is the primary target audience?**

Both

**Does this program primarily target the medically underserved?**

Yes
Is this program aimed at a specific ethnic group?
No

Is this program aimed at a low-income population?
Yes

At what particular age group(s) is this program primarily aimed?
Adult
All

Please specify any additional age groups at which this program is aimed:
Adult
All

Please select the primary audience(s) at which the program is targeted.
Rural

Please specify any additional audiences at which the program is targeted.
Disabled
Retirees
Immigrants
None of the Above > Uninsured and Underinsured

Program Details

Highlight one or two key facts/statistics regarding the cardiovascular problem/unmet need in the community that your program will address. Please address the issues within your county and state and how you compare nationally or with other states; be sure to cite valid resource documents such as Centers for Disease Control and Prevention (CDC), American Heart Association (AHA) or your state health department data. (approximately 75 words or 800 characters)

According to the Appalachian Regional Commission (2012), counties in Appalachian states generally have lower index scores that measure access to health professionals and facilities, health insurance coverage and healthcare cost. For the three Appalachian states that NHMCC serves, heart disease mortality is high. Tennessee, the program’s home base, is the 9th worst state for heart disease mortality rates (426.5 per 100,000 adults over 35 years) and Virginia (336.5 per 100,000) and North Carolina (349 per 100,000) are among the third-worst states, ranking 28th and 31st, respectively, out of all U.S. states and territories (CDC, 2008-10). Nearly two-thirds of adults in each of these three states are obese—putting them at risk for CVD (AHA State Facts, 2011).

State your program’s goal in one sentence.

Note: The goal will be used as a program summary, so the sentence should 1) explain your program’s main objective, 2) provide a brief and succinct program description and 3) include the outcomes you plan to achieve.

This program’s goal is to engage the community and affiliates while improving disease awareness and quality of cardiovascular care through our Mobile Program and Corner Clinic’s delivery of screening, education, treatment and healthy lifestyle support to reduce cardiovascular health disparities, especially for those who are uninsured and under-insured in the Appalachian Mountains of the border region of TN, VA and NC.
AstraZeneca HealthCare Foundation
Connections for Cardiovascular Health℠ (CCH)

Program Highlights

Program Description, Part 1 – Summary

Briefly summarize the main points of your program design. (approximately 100 words or 1000 characters)

Note: It is important to include the cardiovascular problem to be addressed, the outcomes the program plans to achieve and the length of time needed to achieve program goals in your Program Summary Description.

We will expand our program of innovative services to a vulnerable population through screening, education, treatment and healthy lifestyle support targeting CVD and its risk factors. From January to mid-December, it will run at the Corner Clinic and three community centers. NHMCC’s health professionals will promote and perform CV screenings and refer eligible participants to the education program and/or Clinic as appropriate. At each location, participants will receive four evidence-based, 20-minute CVD education modules. Calls and checkpoints will encourage follow-through on measures and lifestyle changes. Participants receive healthy food coupons for every completed module. On graduation, participants receive a celebration, a program hat and a coffee mug entitling incentives at various locations. Outcomes will include improvements in knowledge of CV health, physical activity and smoking cessation as well as improvements in clinical measures such as BP, BMI and cholesterol levels.

Program Description, Part 2 – Details

Describe your program design in detail, expanding on Part 1 of this question. (approximately 250 words or 2200 characters)

Our program extends our strong outreach and innovative services to the region’s underserved, uninsured and under-insured populations by providing CV screening, care, education and support. NHMCC’s staff has patient hours at eight community centers and the Corner Clinic. Additional events will promote the program. Adults identified as having CVD or at risk will be referred to the program’s four locations: three community centers and the Corner Clinic.

Classes will be provided in four 20-minute, evidence-based modules that cover disease knowledge, disease management, nutritional choices and staying healthy. After each module, participants will receive coupons for healthy food at local merchants or preference for healthy foods at area food banks. Heart-healthy refreshments will be provided before and after classes by the Sunflower Café Food Truck. In one module, Chef Angus will present choices and recipes for healthy eating. Via follow-up calls and personal interaction, participants will be encouraged to make a self-care agreement with personalized cardiovascular health goals and commit to supportive clinical measures and lifestyle changes. Personalized checkpoints before/after class and during NHMCC hours let participants ask questions, check clinical measures and report on their progress. Participants take pre- and post-surveys for each module and attend three- and six-month follow-ups for clinical measures.

On graduation, participants receive a celebration, a program hat and a coffee mug entitling free refills at the Corner Clinic and our affiliate program providers (food banks, community centers, the Sunflower Café Food Truck and other locations). In addition, graduates seen wearing our hat at the Clinic or our affiliate program providers will be eligible for on-the-spot incentives that reinforce our module messages. Program participants who graduate before completing their six-month assessment will be encouraged via postcard reminders and calls to continue regular checkpoints. Our outreach staff will work with participants and affiliates to ensure they have the commitment, materials, enthusiasm and resources to support the program’s mission and goals.

Will this program include professional education and/or training for healthcare professionals (e.g., CEUs, CMEs)?

No
Please describe how your program plans to recruit participants.

- Flyers and/or brochures
- Newspaper / magazine ad
- Word of mouth
- Recruit from existing patient population
- Other
  - Our hats

Will you charge your participants a fee for participation in the program?
- No

Program Activities

Program Activities, Part 1 - Summary

Please note: If your organization receives funding from the Connections for Cardiovascular Health℠ program, notification will occur no later than November, and work for the program should begin then. Describe the major deliverables/activities and timing your program will take to reach your goals.

Briefly summarize the key activities of your program, beginning with November and December of 2015 and continuing with quarterly detail through 2016. (approximately 100 words or 1000 characters)

Note: It is important to include information on program planning, participant recruitment and participant activities (noting any inactive months, awareness activities, sustainability initiatives, program partnerships, evaluation and limitations on beginning or ending program activities in your Program Activity Summary). In Part 2 of this question, you will be able to provide more details by specific time periods.

November and December 2015: Finalize our program partnerships and locations, recruit and train staff, schedule program activities and develop program materials. First Quarter 2016: Start recruitment and classes (each module has pre- and post survey), conduct baseline measures, announce award. Second Quarter 2016: Ongoing recruitment and regular classes, Spring Fair screening, first follow-up measures. Task force begins planning fundraising and sustainability plans. Third Quarter 2016: Annual Barbeque fundraiser, continue classes and follow-up measures, end recruitment in July so all follow-up measures can be collected by end of December (after July, eligible participants will be referred to NHMCC for individual CVD education and care). Fourth Quarter 2016: Finish up classes and complete follow-up assessments. Seek additional funding. Note: We will seek media opportunities to promote the program in each quarter.

Program Activities, Part 2 – Details

Expanding on Part 1 of this question, please provide specific details of the program activities (including participant enrollment and measurement tracking) in the following time periods:

2015: November through December (approximately 100 words or 1000 characters)
1. Establish and finalize partnerships with three local community centers (of the eight centers we visit). Establish incentive locations near selected community centers and the Corner Clinic. Follow up with Pequa Community Partnership and Apple Valley IGA about incentive funding.
2. Recruit two more volunteer RNs from the Ridgeline Medical Center.
3. In December, plan and schedule program classes, screenings, cardiovascular self-care agreements and events. Develop materials.

First Quarter 2016: January through March (approximately 100 words or 1000 characters)
AstraZeneca HealthCare Foundation
Connections for Cardiovascular HealthSM (CCH)

1. Purchase, print, and distribute curriculum to the three community centers and the Corner Clinic. Train program staff to deliver curriculum. Train program affiliates to reinforce the messages.
2. Promote program and conduct first baseline screenings in the Corner Clinic and three community centers. Begin recruitment and classes (each module has pre- and post survey).
3. Announce grant award to local media and stakeholders.
4. Reapply for Connections for Cardiovascular HealthSM funding.
5. Complete any reporting requirements.

Second Quarter 2016: April through June (approximately 100 words or 1000 characters)
1. All three community center sites and the Corner Clinic conduct screenings and deliver program. Recruitment is ongoing.
2. Classes are conducted on a regular, rotating schedule (module one through four).
3. Begin follow-up measures on participants who have completed the modules.
4. Seek media opportunities; promote the program in local media outlets.
5. Attend Spring Fair to conduct screenings and promote program.
6. Complete any reporting requirements.
7. Convene task force to plan and lead activities to raise future funds or enable program to become self-sustaining. Start monthly mailings.

Third Quarter 2016: July through September (approximately 100 words or 1000 characters)
2. Continue classes and screenings at all sites. Stop recruitment after July so all measures are collected by end of grant year. After July, refer eligible participants found in screenings to NHMCC for care. They will receive similar cardiovascular education in individual patient visits.
3. Continue follow-up and care through NHMCC.
4. Seek media opportunities; promote the program in local media outlets.
5. Reach out to local civic groups to sponsor a food drive or potluck meal. For potluck meals, program staff will offer cardiovascular classes (based on module one) suitable to the civic members and attending program participants.
6. Complete any reporting requirements.

Fourth Quarter 2016: October through December (approximately 100 words or 1000 characters)
1. Seek additional funding.
2. Continue conducting classes and screenings at all sites. After July, eligible participants instead referred to NHMCC for cardiovascular education and care.
3. Continue follow-up and providing care through NHMCC.
4. Finish all participant follow-up.
5. Seek media opportunities and promote the program in local media outlets.
6. Complete any reporting requirements.
7. End of the year program staff celebration.

2017 (approximately 75 words or 800 characters)
1. Establish Healthy Hearts in the Central Appalachian Mountains as a permanent program through NHMCC.
2. Publish results and seek other funding sources.
3. Expand program to a new community center.

2018 (approximately 75 words or 800 characters)
1. Continue offering Healthy Hearts in the Central Appalachian Mountains as a permanent program through NHMCC.
2. Publish results and seek other funding sources.
3. Share program model with other local clinics at a conference.
Innovation

Innovation, Part 1 – Summary

Briefly summarize any innovative aspects of your program, including its design and outcomes that will help you achieve your goals. (approximately 50 words or 450 characters)

Note: Innovation includes new and unique processes and practices for your program. Your program goal, outcomes and processes may not be original, but your program may be innovative for its target audience, cardiovascular health problem, and/or geographic location. In Part 2 of this question, you will be able to provide more details on your program’s innovative aspects.

Healthy Hearts in the Central Appalachian Mountains provides innovation by 1) delivering health education to people where they are, 2) teaching in short modules, 3) providing incentives that reinforce the lessons and encourage return visits, 4) providing a medical home and cardiovascular management for those in need and 5) offering a supportive and engaging environment for making long-term health and lifestyle changes.

Innovation, Part 2 - Details

Expanding on Part 1 of this question, describe any innovative aspects to your program in detail, including its design and outcomes that will help you achieve your goals. (approximately 250 words or 2200 characters)

A key strength of Healthy Hearts in the Central Appalachian Mountains is its innovative approach to outreach and education. Our program accomplishes this through:

1. Delivering health education to people where they are. For participants in the mobile medical center programs, cardiovascular education comes to them, providing a great level of convenience.

2. Teaching in short modules. Because classes are short, this removes the common concern about time as a barrier to class attendance. The time before and after class is used to support personal self-care agreement goals and measures.

3. Providing incentives that correlate with nutrition lessons and encourage more visits to the Clinic. Not only are participants taught how to eat better to control their disease, they are given healthy refreshments at the classes as well as coupons for healthy food at local merchants and preference for healthy foods at affiliated food banks to get them started. This reinforces the lessons and helps participants get the nutrition they need in a healthy manner. Also, the hats will promote the program in the community, and the free coffee refills will encourage participants to return regularly to the Clinic, food banks, community centers and other affiliate locations to interact with the staff. This interaction increases the likelihood participants will continue to access services they need to improve their health and lifestyle choices once they graduate.

4. Providing a medical home and cardiovascular management for the underserved, uninsured and under-insured. All participants will be encouraged to come to any of the NHMCC locations and receive affordable or free comprehensive care. This gives participants access to a convenient, stable medical home and familiar support group.

5. Offering a supportive and engaging environment for making long-term health and lifestyle changes with incentives and self-care agreements. Graduates will have ongoing interaction with our healthcare staff, outreach staff and program affiliates located throughout the region that will reinforce the lessons and key messages.
How will the program be communicated publicly? Include information such as the development of a formal communications plan or press release in support of the program, planned events that include the media, and any other public communication around the program. (approximately 250 words or 2200 characters)

Healthy Hearts in the Central Appalachian Mountains will communicate to individuals who are medically underserved, lack adequate health insurance and live in this remote region through Clinic workshops and public outreach. We will reach individuals through the services they use and places they frequent. Brochures, posters, educational materials and flyers will be distributed at our program affiliate partners as well as government locations, civic organizations, food banks, churches, NHMCC and other clinics. We will communicate to affiliate partners, stakeholders, potential funders and the public via our website, targeted emails, direct mail, Facebook, Twitter and monthly NHMCC newsletters. Also, we will share our program results and accomplishments in press releases, articles and ads in local papers. The Outreach Director and Coordinator are committed to communication activities and together will create a communications plan that will support the program’s mission. It will aim to reach the neediest or most disadvantaged people in our community and provide the tools to help them manage their disease through better health knowledge and resources. It will also share success stories to inspire others as well as encourage donations and other sources of funding.

Do you plan to publish and/or present your program?
Yes

Describe your plans for publishing and/or presenting your program, including the general topic(s), target audience, month/year, location and presentation or publishing method. (approximately 250 words or 2200 characters)

We plan to publish the results of our program in *Journal of the Association for Nonprofits for Heart-Healthy Communities (JANHC).* Our article will focus on best practices related to using regular, rotating modular CVD lessons to improve CVD health outcomes and knowledge in participants. Through this journal, we will reach nonprofit leaders, public health specialists and a variety of healthcare professionals such as nurses and primary care physicians. Our manuscript will be submitted by six months after program completion. If accepted, the article will appear online and also in the print journal.

*Fictional journal for the purpose of this sample application.

Program Outcomes

Participants “reached” describes any participants with whom you interact or to whom you reach out through health fairs, screenings, workshops, brochures or other means. Participants “reached” also includes the participants you anticipate tracking in the program.

In the next sections, you will be asked to identify and describe your program’s outcomes. When doing so, please be aware that the number of participants reached is **not an outcome**. Instead, the number of individuals reached is an output of your program or project. A specific impact or change in a participant’s health would be the program’s outcome.

Participants “tracked” describes any participants for whom you collect clear and measurable outcomes. This includes any participants for whom you have pre- and post- survey data, baseline and follow-up clinical and/or behavioral measures or other clear outcome data. Participants tracked is a subset of participants reached, though in some program designs, the number of reached and tracked participants may be identical. Participants tracked must be unduplicated, where each participant is counted as one participant throughout the grant year even though there are multiple points of measurement or data collection.

In programs with low numbers of participants or programs with extensive resources, the number of participants reached and tracked may be the same. However, in the majority of programs, the number of participants reached and tracked is unlikely to be the same, and the number of participants tracked...
Participant Goals, Part 1 – Reached Participants

What is the anticipated total number of program participants you expect to reach between November 2015 and December 31, 2016?
700

What is the anticipated number of program participants you expect to reach by January 31, 2016?
70

What is the anticipated number of program participants you expect to reach by May 31, 2016?
350

Are the 2015-2016 reached participants an entirely new group of participants?
Yes

Participant Goals, Part 2 – Tracked Participants

What is the total anticipated number of unduplicated program participants you expect to track between November 2015 and December 31, 2016?
300

What is the anticipated number of unduplicated program participants you expect to track by January 31, 2016?
30

What is the anticipated number of unduplicated program participants you expect to track by May 31, 2016?
150

Are the 2015-2016 unduplicated tracked participants an entirely new group of participants?
Yes

Please describe how your program plans to follow up with unduplicated tracked participants.
(approximately 75 words or 800 characters)
Program participants complete pre- and post-surveys after each module, baseline measures, and also have three- and six-month follow up assessments. We stay in contact via phone call follow-ups, post cards, emails and reminder texts. Additionally, graduates who wear our hat at the Clinic or our program partners’ locations will receive on-the-spot incentives that reinforce our module messages.

Please detail how your program will ensure tracked participants will be unduplicated (ensure each participant is counted as one participant throughout the grant year even though there are multiple points of measurement or data collection).
(approximately 75 words or 800 characters)
Every tracked participant will be entered in our EMR database. As participants return for subsequent modules or follow-up visits, we will track our encounters with them in the EMR to ensure that each participant is counted only once. Our multiple locations share the same EMR, so entries will be consistent across sites.

Measures Highlights and Goals

Measures Highlights and Goals, Part 1 – Summary

Briefly state your program’s clinical, behavioral and/or lifestyles outcome goals.
(approximately 100 words or 1000 characters)
Note: Be sure to include any innovative outcomes that will help you support your program’s efforts to improve cardiovascular health. Program measures and goals need to follow “SMART” guidelines (Specific, Measurable, Attainable, Results-oriented and Time-specific). By mid-year, programs are required to report on at least baseline measurements on approximately half the planned tracked participants. In Part 2 of this question, you will be asked to provide more details.

Surveys completed after each module. Clinical outcomes tracked at baseline, then 3 and 6 months.

Measurement goals:
- Behavioral – 85% score 90% or better on knowledge survey. By 6-month: 70% improve eating habits by increasing fruit/vegetable consumption by 1 serving daily. 65% increase physical activity by 20 min. daily and 50% make gains in quitting smoking or quit completely.
- Clinical – By 6-month: 90% at high risk have a documented EKG, 60% achieve their 6-month weight loss target. (30% with a BMI >25 experience weight loss of 10 pounds or more.) 70% with an active diagnosis of hypertension have a recent blood pressure recording <140/90 mmHg. High risk participants (with levels of 200+) decrease total cholesterol below 200 mgdL. Participants with elevated glucose and hemoglobin A1C levels > 6 decrease their A1C levels by 1 or more points.
- Healthcare Engagement – By 6-month: 70% have regular screenings, complete lab work and report progress on their self-care goals.

Measures Details, Part 2 – Details

Expanding on Part 1 of this question, describe in detail the clinical, behavioral and/or lifestyle outcomes for your program and how you will measure them. (approximately 500 words or 4200 characters)

Note: Be sure to include any innovative outcomes that will help you to support your program’s efforts to improve cardiovascular health. Provide clear and measurable outcomes for each program participant that are consistent with the goals of the program and provide more than the outputs of your program.

Surveys completed after each module. Clinical outcomes tracked at baseline, then 3 and 6 months.

Measurement goals:
- Behavioral – 85% score 90% or better on knowledge survey. By 6-month: 70% improve eating habits by increasing fruit/vegetable consumption by 1 serving daily. 65% increase physical activity by 20 min. daily and 50% make gains in quitting smoking or quit completely.
- Clinical – By 6-month: 90% at high risk have a documented EKG, 60% achieve their 6-month weight loss target. (30% with a BMI >25 experience weight loss of 10 pounds or more.) 70% with an active diagnosis of hypertension have a recent blood pressure recording <140/90 mmHg. High risk participants (with levels of 200+) decrease total cholesterol below 200 mgdL. Participants with elevated glucose and hemoglobin A1C levels > 6 decrease their A1C levels by 1 or more points.
- Healthcare Engagement – By 6-month: 70% have regular screenings, complete lab work and report progress on their self-care goals.

Three hundred (300) participants will be tracked through the program. We expect to reach over 700 people through screening and events. Recruitment is ongoing through July; after this, recruitment will cease to ensure all measures can be collected by the end of the program year. (Any eligible participants found in screenings after this point will be referred to NHMCC for care. They will receive similar cardiovascular education in individual patient visits instead of the classes. Their outcomes will not be tracked for this program.) Eligible participants are recruited at cardiovascular screenings and referred to the program and/or the NHMCC as appropriate. Participants complete pre- and post-surveys to measure knowledge gains after each module. A knowledge retention survey will be given at 3 and 6 month follow-up.

Participants may join our traveling program at any time. Thus, all four modules may not be completed; this is why a pre- and post-survey is given after each module and lessons are meant as independent
modules to give participants as much benefit as possible in one session. The aim, however, is to have participants come to as many sessions as possible; they can switch over to the Corner Clinic’s classes or visit a different community center. Results will be analyzed by individual module. Also, an efficacy analysis will be conducted for those who completed the entire program. Both analysis sets will be compared and conclusions drawn about overall effectiveness.

Clinical outcomes will be measured at baseline screening and at 3 and 6 month follow-up intervals. Participants are tracked regardless of location they visit. The Outreach Director and Coordinator will work with the community centers and other affiliates to maintain contact with participants and also work to retain participants within NHMCC if they still require a medical home after graduation.

Please choose all the clinical outcomes you will measure for your program (if applicable):

**Clinical**
- BMI
- BP
- Glucose
- Hemoglobin A1C
- Lipoproteins, triglycerides
- Weight

Please choose all the behavioral/lifestyle outcomes you will measure for your program (if applicable):

**Behavior/Lifestyle**
- Better eating
- Better knowledge of cardiovascular disease
- Better knowledge of nutrition
- Smoking cessation

Please select all of the measurement vehicles you will use to track your program’s success:
- Pre-Program Surveys
- Interim Surveys:
  - Three-Month
  - Six-Month
- Post-program Surveys

Describe your detailed plan to collect, evaluate and report data for your program. (approximately 250 words or 2200 characters)

Our partner, the New Health Evaluators, will collect and analyze all program data. We will also use a systematic data collection approach to improve outcomes (Baty et al. Fam Med. 2010). All participant data will be collected in an EMR and analyzed with “NewHealthSquared” statistical software. Results will be analyzed by individual module as well as an efficacy analysis. All analyses will be reported and compared to make an overall conclusion about the program’s effectiveness.

Will your program have collected all follow-up measures by December 31, 2016?
Yes

Will you be using outside assistance to collect, evaluate and report program outcomes?
Yes

For each organization, please enter the organization’s name and its role in the collection, evaluation, and/or reporting of program outcomes.

**Organization Name:**
New Health Evaluators, Inc.
AstraZeneca HealthCare Foundation
Connections for Cardiovascular Health℠ (CCH)

Role:
analyze program results

Program Sustainability
Sustainability, Part 1 – Summary

In what ways do you plan to work toward achieving program sustainability for your program after Connections for Cardiovascular Health℠ funding is expended CCH funding? Select all that apply.

Acquire further grant funding or donations
Conduct a fundraiser
Work to integrate the program into other program offerings
Share the program with other organizations in a presentation
Disseminate results in a publication or conference presentation / poster

Sustainability, Part 2 – Details
Expanding on Part 1 of this question, describe in detail how your program will achieve sustainability after Connections for Cardiovascular Health℠ funding.

For each item selected in Part 2, please explain (approximately 250 words or 2,000 characters)

Public/private donor fundraising campaigns

Yes

Please explain (approximately 250 words or 2,000 characters)

NHMCC actively seeks diverse funding sources for its programs, including local charities, area foundations, federal and state grants and individual donors. We recently submitted grant applications to U.S. Department of Health and Human Services and Tennessee Department of Health. Also, NHMCC holds a variety of fundraisers throughout the year, with the biggest being the Barbeque Fundraiser in July. This year we hope to raise $350,000, 25% of which we will use to help Healthy Hearts in the Central Appalachian Mountains continue. Also, in the second half of the year, community events like food drives and potluck dinners will serve as feeder programs to foster future fundraising through community engagement of other nonprofits and civic groups.

In sharing the design of this program with the Board and past NHMCC supporters, we have potential funding for program and food incentives from Pequa Community Foundation and Apple Valley IGA.

Are you receiving private/public funds now that can be applied to this program?

No

Integration into ongoing program offerings/existing programs

Yes

Please explain (approximately 250 words or 2,000 characters)

We will establish Healthy Hearts in the Central Appalachian Mountains as a permanent program in our Clinic and in local community centers. We will recruit more volunteer nurses and doctors from our local hospital connections to teach the program modules, assist with screenings or provide Clinic coverage so our staff can execute the program. Volunteer assignments will be based on individual aptitude and reliable volunteer hours. The additional volunteer staff will ensure that the program activities are adequately supported, even during busy times. We will expand to at least one more community center. Also, we plan to develop a “graduate” educational series on cardiovascular for returning participants to strengthen their health education and supportive connections to fellow graduates.

Fees paid by program participants

No
Dissemination of the program model to other organizations and locations

Yes

Please explain (approximately 250 words or 2,000 characters)

First, we will offer the program to other mobile community clinics in the region. As the program grows, we will adjust the program model for stationary and urban clinics, extending the reach of our program into other types of communities. Healthy Hearts in the Central Appalachian Mountains will be shared at local and national conferences, and we will publish our outcomes in medical journals and annual reports such as *Journal of the Association for Nonprofits for Heart-Healthy Communities*.

Will you partner with other organizations on this project (e.g., universities, hospitals, schools or civic organizations)?

Yes

List any partners for this program and their roles.

Name of partner: Sunflower Café Food Truck, Atwater, TN
Role: incentive location, educator, program food provider and promoter

Name of partner: West Ridge Community Center, Ridgeline, NC
Role: incentive location, potential host for screenings and classes

Name of partner: Borough of Cider Hills, VA
Role: incentive location, potential host for screenings and classes

Name of partner: Skyline Civic Center, Skyline, TN
Role: incentive location, potential host for screenings and classes

Name of partner: Mountainside Community Food Bank, Skyline, TN
Role: incentive location

Name of partner: Apple Valley IGA, Creekside, VA
Role: incentive location

Describe your organization’s capabilities for carrying out this program. (approximately 200 words or 1800 characters)

New Health Mobile and Corner Clinics (NHMCC) has served uninsured and underinsured individuals for over 50 years. The Clinic began in an old corner grocery store and quickly built a strong client base and expanded into a new street corner facility with two stories and a volunteer staff of 15 nurses, nurse practitioners, nutritionists and doctors as well as seven full-time staff members. All patients are given comprehensive care, no matter whether they have the funds to pay for it. NHMCC serves hundreds of patients every year. Our Corner Clinic has also successfully managed other grants. In our Holiday Health Program, we exceeded outcome goals with 89% of surveyed participants improving knowledge scores to 90% or more answers correct across three cardiovascular health topics. We also exceeded our goal for 50% follow-up participants to reach healthy blood pressure levels. Patients from all walks of life trust our Corner Clinic and our outstanding health outcomes, making NHMCC an ideal organization to run an outreach program for individuals in our region.

Has your organization managed grants in the past?

Yes
Describe up to five past grants that your organization has managed, including repeat and different funding sources if applicable.

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List your organization’s key staff and their role in implementing this program:

Name: June Smith  
Title: Director of Community Outreach  
Role: Program Manager and Health Educator  
Responsibilities: Program manager and health educator with an MS in Public Health  
Is this person a Health Care Professional? No

Name: Clyde Thomas  
Title: Nurse  
Role: Nurse, Outreach Coordinator  
Responsibilities: Nurse with BSN, 10 years experience in community clinics; also acts as outreach coordinator  
Is this person a Health Care Professional? Yes

Name: Jillian Bonnet  
Title: Nurse  
Role: Nurse and Health Educator  
Responsibilities: RN nurse, 25 years experience in hospital, clinic and primary care settings  
Is this person a Health Care Professional? Yes

Name: Fionna Mills  
Title: Executive Director  
Role: Director  
Responsibilities: Clinic Director, physician with 35 years experience in hospital, clinic and primary care settings  
Is this person a Health Care Professional? Yes

Name: TBD  
Title: Nurse  
Role: RN/BSN volunteer  
Responsibilities: RN/BSN volunteer, teaches classes and performs screenings  
Is this person a Health Care Professional? Yes
Past programs

Has your organization managed another cardiovascular-related program in the past of equal size, scale or focus?
Yes

Was it sponsored by a grant?
Yes

What organization(s) provided the grant?
Western Carolinas Rural Fund

What was the total value of the grant?
$30,000

How many years did the grant sponsor?
3

Briefly describe the program and demonstrate program success by detailing the outcomes it achieved. (approximately 200 words or 1800 characters)

Note: Outcomes are expected to follow “SMART” guidelines (Specific, Measurable, Attainable, Results-oriented and Time-specific). Details must include specific outcomes, measurement methods, participant achievement rates/percentages and time elapsed to reach the goal.

One of our most successful programs has been the Holiday Health Program, which provided free blood pressure screenings to 823 participants at Walmarts and local grocery stores over three years. Participants were referred to NHMCC if they needed a medical home. For emergency care, they were sent to the local hospital. The store screening centers also offered brief educational talks and sent participants to an online cardiovascular education site. Participants took online pre- and post-tests to measure knowledge gains. Our goal was for 75% of surveyed participants to score 90% or better on all three topics: cardiovascular management during the holidays, cardiovascular risks in general and heart healthy holiday eating. We exceeded this goal, with 89% of surveyed participants improving scores to 90% or more answers correct across all topics. NHMCC staff contacted participants who had elevated blood pressure readings for follow-up screenings at the clinic in February. Sixty-five percent came for follow-up screenings, and of these, 75% had reduced their blood pressure to healthy levels, exceeding our goal for 50% follow-up participants to reach healthy levels. Nearly all those who reduced their blood pressure had participated in the cardiovascular education site and scored 90% or more on the post knowledge survey.

How many years did the program last?
3

Are any of these programs still ongoing?
Yes

Has your organization managed another non-cardiovascular program in the past of equal size, scale, focus?
No

Contact

Primary contact person
Prefix: Ms.
First name: June
Last name: Smith
Position in organization: program manager and health educator
Telephone number: 222-222-2222
Extension (if required): n/a
Alternate phone number (if available): 333-333-3333
Fax number (if available): 444-4444-4444
Email address (status updates will be sent to this address): primarycontact@NHMCC.org
Please confirm your email address: primarycontact@NHMCC.org

Secondary contact person
Prefix: Dr.
First name: Fionna
Last name: Mills
Position in organization: executive director
Telephone number: 222-222-2222
Extension (if required): n/a
Alternate phone number (if available): 333-333-3333
Fax number (if available): 444-4444-4444
Email address: secondarycontact@NHMCC.org
Please confirm email address: secondarycontact@NHMCC.org

Organization Address
Address and street: 123 Health Street
City: Atwater
State: Tennessee
Zip code: 37661
Organization website address (if available): NHMCC.org
Facebook profile address (if available) (e.g., http://facebook.com/username/):
http://facebook.com/healthyNHMCC/
Twitter profile address (if available) (e.g., http://twitter.com/username/):
http://twitter.com/healthyNHMCC/

Review Request
You will be given an opportunity to review your application prior to submitting it and make changes if required. When you are ready to submit your application, click the "Submit request" link. Once you have clicked "Submit request," you will no longer be able to edit or view your application, so make sure it is complete before you proceed.

Certification
I certify that the information included as part of this Foundation Grant application is true and complete to the best of my knowledge and belief and understand that any willfully false statements will be sufficient cause for rejection of this application or, if the application has been awarded, for the termination of this award.

☒ I have read the Certification above and agree to all the terms therein.
☒ I understand that if selected for funding, actual funds will not be awarded until the AstraZeneca HealthCare Foundation Letter of Agreement is completed, signed and executed.
☒ I have attached the requested Audited Financial Statements and IRS Form 990s or similar documents.
☒ I verify that the applying organization does not have an ineligible 509(a)(3) classification.
☒ I agree that if a CCH grant is awarded to the applying organization, the applying organization will not assign the grant award and shall not represent that the Foundation grant award has been assigned to, or is used by or on behalf of, another organization, even if related or affiliated, without the prior approval of the Foundation. The organization granted the award shall use its name and the name of its program in communication about the grant award unless another program or entity name has prior approval by the Foundation.