

Handout 8

Sample NN/LM PNR Outreach Award Application

NOTE: This is an example for teaching purposes. It is not a real application.

COVER SHEET

Project Title:	
Date of Submission:	
Library Name (if applicable):	
Organization Name:	
Address:	
City, State, Zip:	
Federal Tax ID Number:	
Project Manager/Leader Title:	
Project Manager/Leader Telephone:	
Project Manager/Leader Fax:	
Project Manager/Leader E-mail Address:	
Is your organization a member of the National Network of Libraries of Medicine Pacific Northwest Region?	

PROJECT INFORMATION AND PLAN

1. Proposed start date for 12 month project

2. Summary statement:

(Provide a one paragraph summary statement of the proposed project).

3. Describe the target audience and need for your project:

(Include demographics, health information assets and needs, and how this data was gathered).

4. Identify the goal of the project being proposed:

5. What are the hoped for short-term and long-term outcomes of the proposed project? Please list them here:

*(Outcomes are the benefits you expect your project will have for: a) individual participants; and b) the community, organization, or system. See Step One of Booklet 2, "Develop an Outcomes-Based Project Plan" in **Including Evaluation in Outreach Project Planning** (Planning and Evaluating Health Information Outreach Projects, Booklet 2), pages 2-6*

http://nmlm.gov/evaluation/booklets/booklet2/booklet2_step_one.pdf)

Please see especially on pages 3-5, where some examples of outcomes are provided along with their explanation.)

6. State three objectives for your project, based on what you hope will be the short-term and long-term outcomes of the project. Please list them here:

*(See Step Two of Booklet 2, "Develop an Outcomes Assessment Plan" in **Including Evaluation in Outreach Project Planning** (Planning and Evaluating Health Information Outreach Projects, Booklet 2), pages 7-10*

http://nmlm.gov/evaluation/booklets/booklet2/booklet2_step_two.pdf)

See also worksheet 2 of booklet 2, "Writing Objectives and Methods for Assessing Them" at http://nmlm.gov/evaluation/booklets/booklet2_worksheet2.html#toolkit

7. Describe how you will evaluate the short-term objectives:

8. Provide a detailed project description (max 400 words):

Describe here the kinds of products, strategies or services you will produce or carry out. If training and/or demonstrations are included as a methodology, please describe what will be taught or demonstrated, who will do it, and where it will be done.

9. Please provide a timeline for your project and indicate who will be responsible for each step or activity.

10. List the numbers and types of health care professionals, librarians, and/or consumers you expect the project to reach:

11. State how you will monitor the quantity and quality of the project activities:

12. Explain how NLM resources (MedlinePlus, PubMed, ClinicalTrials.gov, Household Products Database, Partners in Information Access to the Public Health Workforce, Tox Town® etc.) will be used in your project:

13. Please describe the experience of proposed personnel with NLM resources:

14. Resources:

List what the project will need, such as staff, partners, teaching labs, finances, technology, training materials, or anything else you must have.

15. List types of partner organizations you will work with to carryout the project:
(check all that apply)

- _____ Community Based Organization
- _____ Local Department of Health and/or Human Services
- _____ Hospital Library
- _____ Public Library
- _____ Support or Advocacy Group
- _____ Other organizations (please specify):

16. List name(s), address(es), website(s) (if any) and description(s) of partner organization(s) and key contact person.

For example:

Community Health Services

(website address)

Mary Jones, Physician Assistant

101 South Street

Anywhere, WA 90000

Non-profit clinic providing health services to primarily Asian and Pacific Islander populations. Health Professionals on staff total 23, including physicians, physician assistants, nurses and health educators.

Please describe how you have collaborated with these partners in the past, and provide as much detail as possible about roles and responsibilities each partner will have in the proposed project.

Letters of support from partnering institution(s)/organization(s) should be attached or submitted separately.

BUDGET

Budget for Personnel	
Budget for Equipment	
Budget for Supplies	
Budget for Travel	
Budget for Other	
Total Costs: <i>sum of the above</i>	

Please describe the expenditures that you have included in each budget category and explain why they are needed. (*Be sure to specify what you included in the "Other" category*)