



**Mississippi  
Nurses Foundation**  
*Nurses Touch Lives*

## **Mississippi Nurses Foundation Community Grants Application**

### **Purpose**

The purpose of the Mississippi Nurses Foundation Community Grants is to support Mississippi nurses in their efforts to work in the community with program or projects that contributed to the health and welfare of the Mississippi Citizens. Grant recipients are encouraged to participate in community-based projects that can impact a positive change in a current health issue.

### **Application Deadline and Award**

The Mississippi Nurses Foundation will award Community Grants up to \$5,000. All applications will not be funded. Funds may not be used for influencing legislation or to lobby government officials. Application deadline is January 15, 2020.

### **Eligibility Criteria**

1. Must address a current best practice community focus health issue
2. Leverage resources with other community organizations and/or other 501c3 agencies
3. Funds may not be earmarked to complete academic work
4. Priority will be given for projects that support the MNA/MNF mission
5. Project must be complete by May 31, 2020. Summary of work must be presented by June 30, 2020 to [rhoward@msnurses.org](mailto:rhoward@msnurses.org)

### **List of examples are not limited to or subject to the following:**

HIV/AIDS

Obesity

Breast cancer awareness/prevention

Pregnancy risks

Immunization knowledge

### **Be creative.**

For more information please contact:

Rosalyn Howard, M.Ed.

Executive Director

Phone: (601) 898-0850

Email: [rhoward@msnurses.org](mailto:rhoward@msnurses.org)



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### **Applicant Information**

Name

Place of employment

Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

Zip Code

State

<input type="text"/>	<input type="text"/>
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Telephone

Email

1. Name of Project.
2. Describe the need for the project.
3. Briefly describe how this project will contribute to the health and welfare of the citizens of Mississippi or will address the need described in question #1.

4. Identify the target audience and how many individuals will be served.
5. List names and contact information of any collaborating agencies or individuals.
6. What activities are planned for this project?
7. Provide a timetable – proposed dates, activities, responsible individuals.
8. How will this project be evaluated (include benchmarks for success)?
9. Provide a budget summary.

### **Mississippi Nurse Foundation Community Grant Agreement**

*If my project is funded, I agree to:*

1. Use the funds as described in the grant and to return any unused funds to the Mississippi Nurses Foundation.
2. Acknowledge the assistance of the Mississippi Nurses Foundation as appropriate as related to the project.
3. Invite the Foundation to events related to the project or program
4. Provide a summary of the project for publication in *The MSRN* within 2 months of completion.
5. Provide expense receipts upon request, if needed.

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Signature

Date

Please send proposals to

**Mississippi Nurses Foundation  
Community Grants  
31 Woodgreen Place  
Madison, MS 39110**