



**Community and Pediatricians: Partners for Children Grants Program**

*Sponsored by the Pediatric Links with the Community Program and the Community Pediatrics Advisory Council*

[www.PLCCARE.org](http://www.PLCCARE.org)

## Face Page

**Please submit as first page of grant application**

**Submission Deadline: 5/15/09**

**Project Title:** \_\_\_\_\_

**Primary Contact for this Grant Application:**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Co-Principle-Investigators/Co-Leaders:**

**Community-Based Organization Leader  
or Representative (required)**

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Practicing Community Pediatrician or  
Fellow (required)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Pediatric Resident (optional)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
Signature

**Pediatric Resident (optional)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
Signature



# Grant Application Instructions

**Submit answers to all questions in order. Please limit your responses to a maximum of 4 pages.**

1. Background (description of the problem or need, the target population, and relationship to applicant CBO's mission and activities). This should be approximately a 250-word summary.
2. Project Goal(s) (What do you hope to achieve overall with the implementation of this project?)
3. Project Objectives (What are the specific outcomes you expect to achieve?)
4. Strategies to Achieve the Above Goals/Objectives (to include description of collaborative activities between CBO and pediatrician(s)) and Anticipated Timeline. Please indicate your basis for thinking that your strategy will succeed (literature review, experience, etc.).
5. How do you plan to evaluate the project? What are the measurable outcomes? What is the primary outcome?
6. How might your project be sustained or grow in the future?
7. How will your project involve pediatric residents (pediatricians in training)?
8. Total Amount Requested and Proposed Budget (***Please Note:***)
  - Funding for capital equipment, pediatrician salaries, and any other indirect costs, is not permissible.
  - We encourage all grant applications to plan for evaluation of a primary outcome or outcomes in their budget. For applicants requesting more than \$5,000, a budget line item allocation for evaluation is required. For particularly promising projects, the *Community and Pediatricians: Partner for Children Grants Program* may choose to allocate additional resources toward evaluation beyond the level of funding requested by the applicant.
9. **If you are applying for an additional year of funding for a current *Partners for Children Grants Program* funded project**, you are **required** to provide a detailed evaluation summary that includes a plan for presentation at a national meeting and/or publication. Please outline your plan and include information about:
  - Primary outcome(s) to be evaluated
  - Methodology for conducting evaluation
  - Data analysis
  - Any existing data/results from the project to date
  - Timeline for presentation or publication